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Counter Gender-Based Violence Program Quarter 1 Report – FY20



Sexual Exploitation and Abuse sensitization event organized by Tushinde Consortium in collaboration with « Association des Femmes Sourdes (Deaf Women Association) », 16 Days of Activism Against Gender-Based Violence Campaign 2019

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PROJET USAID-IMA “TUSHINDE UJEURI”



USAID

KUTOKA KWA WATU WAAMERIKA



IMA World Health



The USAID – IMA World Health Counter Gender-Based Violence Program is a comprehensive program to help communities respond to and prevent gender-based violence in the Democratic Republic of Congo.

The USAID-funded program is made possible by the generosity of the American people and implemented by IMA World Heal

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Acronyms list

| | |
|----------|---|
| ABA ROLI | American Bar Association Rule of Law Initiative |
| ADR | Alternative Dispute Resolution |
| AOR | Agreement Officer Representative |
| APS | Agent Psycho-Social |
| ADF | Allied Democratic Forces |
| ADS | Automated Directives System (ADS) |
| BCC | Behavior Change Communications |
| CBTH | Community-Based Trauma Healing |
| C-GBV | Counter Gender-Based Violence |
| CHW | Community Health Worker |
| CODESA | Comité de Développement de santé |
| COPA | Comité des Parents |
| CPT | Cognitive Processing Therapy |
| DRC | Democratic Republic of Congo |
| DPS | Division Provinciale de Santé Acronym not found in the document |
| EMMP | Environmental Mitigation and Monitoring Plan |
| EMMPR | Environmental Mitigation and Monitoring Plan Reports (EMMRs) |
| EMMR | Environmental Mitigation and Monitoring Reports (EMMRs) |
| FP | Family Planning |
| FY | Fiscal Year |
| GNDR | Gender Equality and Women's Empowerment |
| GBV | Gender-Based Violence |
| HZ | Health Zone |
| IE | Impact Evaluation |
| IEE | Initial Environmental Evaluation |
| IMA | Interchurch Medical Assistance |
| IMA-MEL | Interchurch Medical Assistance – Monitoring, Evaluation and Learning |
| IR | Intermediate Result |
| JHU | Johns Hopkins University |
| LGBTQI | Lesbian Gay Bisexual Transgender Queer Intersex |
| M&E | Monitoring and Evaluation |
| MoH | Ministry of Health |
| NORC | National Opinion Research Center |
| PEP | Post-Exposure Prophylaxis |
| PMP | Performance Monitoring Plan |
| PSEA | Protection of Sexual Exploitation and Abuse |
| SBCC | Social and Behavior Change Communication |
| SFCG | Search for Common Ground |
| SGBV | Sexual and Gender-Based Violence |
| SANRU | Santé Pour Tous et Par Tous |
| SWOT | Strengths, Weaknesses, Opportunities, and Threats Acronym not found in the document |
| THC | Trauma Healing Companion |

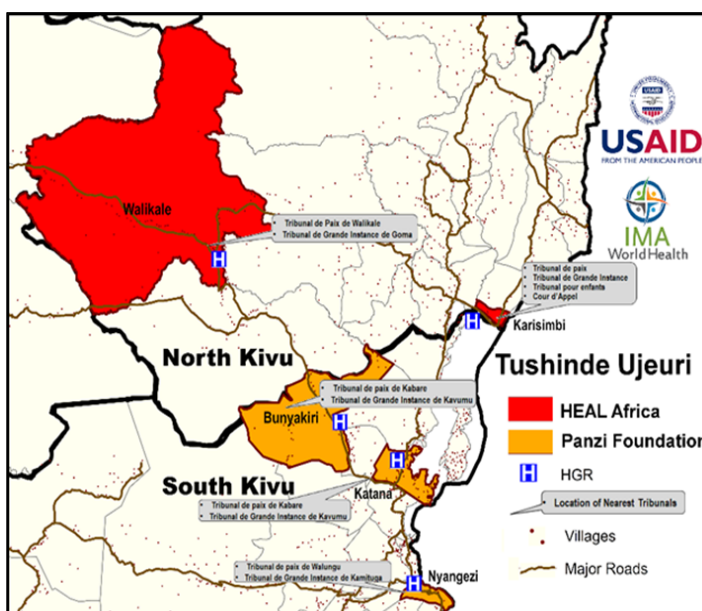
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|-------|--|
| TIP | Trafficking-in-Person |
| TBD | To Be Determined |
| UNHAS | United Nations Humanitarian Air Service |
| USAID | United States Agency for International Development |
| USG | United States Government |
| UWASH | University of Washington (UWASH) |
| VSLA | Village Savings and Loan Association |
| WHO | World Health Organization |

I. Project Overview

The USAID Counter Gender-Based Violence Program (CGBV or “Tushinde Ujeuri” in Swahili) is a comprehensive program to help communities respond to and prevent gender-based violence and Trafficking in Persons (TIP) in the Democratic Republic of Congo (DRC).

The overarching project goals of the Tushinde Ujeuri program are to strengthen community-based prevention of and response to gender-based violence (GBV), effectively reduce GBV incidence and improve the quality of and access to holistic care for survivors, particularly among vulnerable groups including LGBTQI.

The Tushinde Ujeuri program is implemented in five Health Zones (HZs) in the North and South Kivu Provinces of the DRC. The project is implemented in North Kivu Province in two HZs, Walikale and Karisimbi by Heal Africa, while Panzi Foundation is implementing in South Kivu Province (three HZs, Nyangezi, Bunyakiri and Katana). Additional consortium technical partners include Search for Common Ground (SFCG), the American Bar Association Rule of Law Initiative (ABA-ROLI), and University of Washington (UWASH)/Johns Hopkins University (JHU).



The following quarterly report presents achievements on key indicators for Project Year 3, Quarter 1, of the CGBV/Tushinde program (or FY20, 1 October 2019 – 31 December 2019).

II. Security Update and Risk Mitigation

The overall security situation was tense in North Kivu during this reporting period. Presumed members of the Allied Democratic Forces (ADF) armed group continued to target civilians, with reported incursions in Mbau, Ndama and Nobili. Following the incursions, seven civilians were found dead on December 5th in villages around Nobili in the Beni territory. Some 3,000 people left Beni town to settle in Makumu, Mambasa Territory (Ituri Province). Other internal displacements were recorded in the same period in Mangina, following attacks in Musandaba, Mandumbi and Biakato as well as in Rutshuru and Masisi.

The situation remained relatively calm in three (Bunyakiri, Nyangezi and Walikale) of the five Health Zones supported by the project.

However, Katana and Karisimbi Health Zones reported the following security incidents:

Katana Health Zone:

- Clashes between different fractions of local militias as well as against armed forces were reported in the health areas of Mabingu, Kabushwa, and Ihimbi. These clashes caused temporary movements of populations living near Kahuzi Biega National Park in general; and in particular, women and girls engaged in socio-economic activities for the survival of households. Due to this insecurity cases of sexual violence and kidnapping regardless of sex have been reported.
- The situation of insecurity caused by clashes between different fractions of local militias as well as against armed forces resulted as well to cases of mob justice leading to execution by stoning of the alleged perpetrators in the health areas of Kabushwa, Katana and Mabingu.

In response to the situation described above, the project supported survivors of SGBV identified during the period. The project also increased the dissemination of awareness-raising messages against violence in the affected health areas.

Karisimbi Health Zone:

Several households reported being victims of property theft, as well as incidents of physical and sexual violence perpetrated by gangs. These incidents resulted to Mob justice that have conducted to the death of a police officer and the destruction of homes of the alleged perpetrators of the gang robberies. The situation had also negative consequences on vulnerable populations. Cases of trauma, TIP as well as the increase of the economic vulnerability have been registered.

In response to the situation described above, the project supported survivors of SGBV identified during the period. The project also increased the dissemination of awareness-raising messages against violence in the affected health areas

Walikale Health Zone:

Access to Walikale was difficult during this quarter as a result of the deteriorating road conditions during the rainy season as well as the insecurity. It became necessary for some of the project partners who used to travel by roads to find alternative travel solution such as the more expensive and unpredictable UNHAS flights.

The situation of deterioration of the roads described above, also caused the scarcity of basic products on the local markets coming from other neighboring territories and cities. It has also severely limited the mobility of populations, with the result that the socio-economic life of households has become more fragile.

To cope with this situation, the project continued to encourage the beneficiary communities to develop agricultural and economic activities that could increase the capacities for resilience in the face of various shocks. Membership of VSLAs facilitates access to credit for undertaking an economic activity.

III. Executive Summary

During this reporting period, the project activities were carried out as per the workplan with a special focus on awareness raising events related to the Prevention from Sexual Exploitation and Abuse (PSEA) as part of the International 16 Days of Activism Against Gender-Based Violence campaign. The Project's main achievements during this reporting period include:

- Provision of medical support to 401 survivors of SGBV and psychosocial counseling to 1,131 survivors.
- Provision of legal assistance to 316 survivors of GBV including 52 legal proceedings resulting in 16 rulings (15 convictions and 1 acquittal). Organization of a mobile court in Walikale Health Zone with support from the Goma "Tribunal de Grande Instance". 19 rape cases were registered.
- Provision of support to 165 ADR cases; including 162 cases of GBV and 3 cases of land conflict.
- Implementation of community-based awareness-raising events as part of the International 16 Days of Activism Against Gender-Based Violence Campaign.
- Continued CPT group activities and supervision to ensure CPT protocol fidelity.
- Implementation of refresher trainings for 57 Traumas Healing Companions in Katana and Nyangezi Health Zones.
- Piloting activities of participatory theater in Katana and Nyangezi Health Zones
- Implementation of 77 CBTH sessions.
- Strengthening of 882 community-based groups including 66 men's discussion groups.
- Trained partners on PSEA and Human Trafficking basics.

IV. Summary of Key Achievements

During the reporting period, the following activities were implemented and/or continue to be implemented:

Program management

- Attended a USAID meeting by invitation of the Mission Director in Kinshasa. During that meeting the American Ambassador requested from partners to work following a collaborative learning and adapting approach, and for strict respect of Code of Conduct against TIP and sexual exploitation and abuse while implementing USAID grants.
- Per guidance from USAID's Peace and Security office and the M&E Department, IMA updated and submitted the Tushinde performance monitoring plan.
- Partners meeting held in Goma to review Tushinde – Q1FY3 performance.

- A new Deputy Chief of Party was recruited and joined the IMA Tushinde team on November 7th.

Achievements by Intermediate Results

Note: Please refer to the Performance Monitoring Plan for specific numbers related to each IR

IR1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles

- Men's Engagement group discussions to balance gender social norms were carried out in the Health Zone of Bunyakiri.
- Continued awareness raising, through mass events as well as individual discussions and coaching conducted by trained community-based activists to increase SGBV prevention and response.
- Organized awareness events for the 16 Days of Activism Against Gender-Based Violence Campaign in the five Tushinde assisted Health Zones.

IR 2: Availability of community-level GBV-related services improved

- Operated five Tushinde social centers. Staffing, transport fees, security ensured; Project and Donor's visibility increased.
- Continued provision of Tushinde GBV-related social services including psychosocial support, medical assistance, and legal assistance to survivors of GBV, and other marginalized people including victims of TIP and members of the LGBTI community.
- Continued supervision of psychologists to build capacity and ensure quality cognizant processing therapy (CPT) services.
- Continued supervision of *Aire de Santé*-based GBV service providers including medical staff, psychosocial counselors, paralegals, and community-based trauma healing (CBTH) facilitators to improve quality of service and reporting.
- A mobile court was organized in Walikale center to improve access to justice, mainly for survivors of SGBV, but also for other human rights-related crimes. Alleged perpetrators had been held at the Walikale Jail for two years without sentencing. The mobile court ensured that their right to a fair trial was maintained.
- Continued advocacy with authorities in Kinshasa to explore the feasibility of establishing a local high court (*Tribunal de Grande Instance*) and conducting mobile hearings in Bunyakiri, Nyangezi and Walikale.

IR 3: Perceptions of stigma surrounding reintegrated survivors reduced

- Continued implementation of Alternative Dispute Resolution (ADR) mechanisms in all Tushinde-supported Health Zones.
- Continued organization of CBTH activity in impact evaluation (IE) Health Zones of Katana, Nyangezi and Walikale.
- Conducted refresher training for trauma healing companions (THC) on trauma healing, GBV, conflict resolution and community participatory facilitation techniques.
- Organized CBTH sessions by village-based trauma healing facilitators.

- Community-led solidarity group celebrations organized to support trauma healing and conflict resolution sessions.
- Participatory theater sessions organized to support social reintegration of survivors of GBV and other conflict-affected members.
- Running REFLECT literacy classes in 10 circles.
- Continued monthly field visits, and supportive supervision to strengthen the capacity of village savings and loan associations' (VSLAs') field agents and teachers of the literacy program.

Activities Postponed to Second Quarter - Q2

Program management

The purchase and distribution of equipment (motorcycles and laptop) to subcontractors has been postponed until next quarter.

IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles

The following trainings and activities were pushed to Q2 as a result of the survey implementation led by NORC and the University of Chicago:

- Training of parent teacher association (PTA) groups within the Health Zones of Katana and Nyangezi.
- Training of Men's Engage groups in Walikale, Katana and Nyangezi.
- Training of youth leaders and journalists in Walikale, Katana and Nyangezi on radio broadcasting.
- Training of youth leaders on community participatory theater to support implementation of SBCC interventions in Walikale, Katana, Bunyakiri and Nyangezi.
- Production and distribution of BCC materials to support program implementation and improve project visibility.
- Organization of a semi-annual strategic planning meeting with 10 restructured Noyaux/CODESA.

IR 2. Availability of community-level GBV-related services improved

- Distribution of family planning commodities to targeted health centers.
- Update MOUs signed with supported Health Zones.
- Continue investigation of criminal cases and organize a judicial mobile clinic in Bunyakiri Health Zone.
- Conduct sustainability survey for CPT interventions.

IR 3: Perceptions of stigma surrounding reintegrated survivors reduced

- Support creation of VSLA networks

V. Program Achievements by Indicators, Quarter:

The approved PMP table is included in Annex 1 and provides detailed results per indicator and sub indicators as well as quarterly and cumulative results against project targets.

G1.1 Prevalence rate of GBV among women, men, and children in target geographic areas.

This indicator will remain in the PMP for context only. NORC is responsible for collecting baseline and end line data for this indicator as part of their Impact Evaluation of CBTH in 3 Health Zones

IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles

To reduce GBV tolerance and increase the acceptance of gender equality and positive gender roles in target communities, the project continued implementation of gender positivity reinforcement activities.

Table 1: Performance Indicators

| C-GBV Y3 PMP -Annual Target (October 2019- September 2020) edited by Dec.11.2019 | | | | | | | | | | |
|--|---|------------------------------------|-----------------------------------|------------------|------------------------|----------------------|--------|-------|------------------------------------|--|
| Indic # | Performance Indicator | Achievement for Y1 (Oct17 - Sep18) | Achievement for Y2 (Oct18_Sept19) | Annual Target Y3 | Quarterly target/ Q1Y3 | (Y3_Q1) Oct_Dec 2019 | | | | Cumulative achievements (Oct17_Dec 20) |
| | | | | | | Male | Female | Total | Achievement of quarterly target Y3 | |
| | GOAL: Strengthen Community-Based Prevention and Response to Sexual and Gender-Based Violence in Eastern Congo | | | | | | | | | |
| 1 | G1.1 Prevalence rate of GBV among women, men, and children in target geographic areas (NORC) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| | IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles | | | | | | | | | |
| | IR 1.1 GBV Community Organizational Capacity Strengthened | | | | | | | | | |
| 2 | ES.4-3 Number of USG-assisted organizations and/or service delivery systems that serve vulnerable persons strengthened | 505 | 287 | 640 | | | | 90 | | 882 |
| | Number of Noyau/CODESA groups | 86 | 0 | 86 | | | | 0 | | 86 |
| | Number of VSLA groups | 377 | 231 | 334 | | | | 24 | | 632 |
| | Number of Men groups | 0 | | 134 | | | | 66 | | 66 |
| | Number of youth club groups | 42 | 44 | 86 | | | | 0 | | 86 |
| 3 | ES.1-13 Number of parent teacher associations (PTAs) engaged in primary or secondary education supported with USG assistance | 0 | 12 | 72 | | | | 0 | | 12 |
| 4 | GNDR-8: Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations | 2 797 | 909 | 773 | | 4 | 1 | 5 | | 3711 |
| a | PTA members | 0 | 90 | 72 | | | | 0 | | 90 |
| b | Participatory Theater Club member | 0 | 32 | 92 | | | | 0 | | 32 |
| c | Journalists/Activists | 0 | 20 | 12 | | | | 0 | | 20 |
| d | Men's Engage participants | 0 | 76 | 44 | | | | 0 | | 76 |
| e | VSLA participants/committee members/leaders | 193 | 272 | 235 | | | | 0 | | 465 |
| f | Literacy REFLECT Teachers | 0 | 12 | 18 | | | | 0 | | 12 |
| g | Youth Club Leaders | 57 | 109 | 132 | | | | 0 | | 166 |
| h | Teacher/School Directors/Mentors | 120 | 0 | 168 | | | | 0 | | 120 |
| 5 | PS.5.1-24 Number of service providers that receive training, technical assistance, or capacity building in TIP victim-centered and trauma-informed services. | 311 | 152 | 409 | | | | 0 | | 463 |
| a | Health Care providers | 116 | 36 | 172 | | | | 0 | | 152 |
| b | Psychosocial providers (CPT and refresher) | 98 | 0 | 68 | | | | 0 | | 98 |
| c | OPJ and other legal providers | 97 | 116 | 86 | | | | 0 | | 213 |
| | Other (| 2116 | 146 | 83 | | | | 0 | | 2262 |
| 6 | PS.5.3-15 Number of people trained in prevention of TIP | 98 | 0 | 773 | | | | 0 | | 98 |
| 7 | DR.6.1-2 Number of human rights defenders trained and supported (paralegals) | 116 | 116 | 86 | | 4 | 1 | 5 | | 237 |

| IR 1.2 Community tolerance of GBV reduced | | | | | | | | | | |
|---|---|---------|---------|--------|---------------|--------|--------|---------|--------|--------|
| 8 | Number of community members who gained tailored information on GBV prevention and response from the persons trained under GNDR-8 | 145 465 | 443 693 | 29408 | 7 352 | 46 798 | 60 599 | 107 397 | 1461% | 696555 |
| a | Number people sensitized by Noyau/CODESA members on GBV prevention and response | 145 465 | 443 693 | 1 720 | 430 | 39863 | 53666 | 93529 | 21751% | 682687 |
| b | Number people sensitized by VSLA+ members on GBV prevention and response | 0 | 0 | 8 600 | 2150 | 1438 | 1991 | 3429 | 159% | 3429 |
| c | Number of learners in secondary schools or equivalent non-school based settings sensitized on GBV- prevention by PTAs | 0 | 0 | 10 400 | 2600 | 5183 | 4638 | 9821 | 378% | 9821 |
| d | Number of learners in primary schools or equivalent non-school based settings sensitized on GBV- prevention by Youth Clubs | 0 | 0 | 5 400 | 1350 | 0 | 0 | 0 | 0% | 0 |
| e | Number people sensitized by Men's Engage members on GBV prevention and response | 0 | 0 | 3 288 | 822 | 314 | 304 | 618 | 75% | 618 |
| 9 | Number of LGBTI community members reached with GBV prevention and response awareness (e.g in May ,June . Nov.) | 0 | 27 | 100 | 25 | 0 | 0 | 0 | 0% | 27 |
| 10 | Number of C-GBV supported group members sensitized on LGBTI's related matters | 0 | 0 | 80 | 20 | 0 | 0 | 0 | 0% | 0 |
| 11 | GNDR-4 Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities | n/a | n/a | n/a | TBD by Survey | 0 | 0 | 0 | 0% | n/a |
| 12 | Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |

IR 1.1 GBV Community Organizational Capacity Strengthened

Because the groups under these indicators cannot be divided by four, meaning per quarters, achievements related to these Indicators are measured on annual basis.

Number of USG assisted organizations strengthened that serve vulnerable populations

This IMA customer indicator language had been replaced by an USAID standard indicator here:

ES.4-3 Number of USG-assisted organizations and/or service delivery systems that serve vulnerable persons strengthened

The disaggregation of this indicator is: number of VSLA, number of noyau/CODESA, number of Youth club, number of Men's Engage groups discussion and number of COPA. Given that number of COPA is already another USAID standard indicator we shifted that indicator from this disaggregation and keep it as another indicator to avoid duplication:

| Community groups | Targets Y3 |
|------------------|------------|
| VSLA | 334 |
| NOYAU/CODESA | 86 |
| YOUTH CLUB | 86 |
| MEN'S ENGAGE | 134 |
| Total | 640 |
| COPA | 72 |

To date, the project has strengthened a total of 882 community groups, of which, 24 new groups (self-created VSLAs), were created this reporting quarter (see Table 2) as well as 66 Men's engage groups discussion. The total number of members in these new VSLA groups is 589 including 148 men and 441 women (25% men; 75% women); as well as 618 participants in men's groups discussions, including 314 men and 304 women (51% men; 49% women).

Field agents helped build the capacity of VSLA groups allowing them to efficiently conduct savings and credit operations in accordance with the fundamental principles of the VSLA methodology.

Men's groups discussion facilitators trained by the project conducted as well sessions to promote positive masculinity within their communities through discussion groups. The table below describes different groups strengthened by the project:

Table 2: Number of Community Groups Created in Y3/Q1

| No | Community groups | Total/Y1 | Total/Y2 | Total new/ Q1-Y3 | Cumulative achievements Y1 to Y3 |
|----|-------------------------------------|------------|------------|---------------------|--|
| 1 | CODESA/Noyaux | 86 | 0 | 0 | 86 |
| 2 | VSLAs | 377 | 231 | 24 | 632 |
| 3 | Men's groups | 0 | 0 | 66 | 66 |
| 4 | Youth clubs | 42 | 44 | 0 | 86 |
| 5 | Parents Teacher Associations (PTAs) | 0 | 12 | 0 | 12 |
| | TOTAL | 505 | 287 | 90 | 882 |

ES.1-13 Number of parent teacher associations (PTAs) engaged in primary or secondary education supported with USG assistance

During this quarter, the COPAs set up last year carried out awareness-raising activities in the project targeted schools.

A total of 9,821 people (5,183 men and 4,638 women) were reached by messages on the prevention of sexual violence in schools and "parenting skills" for their children's education. The rest of COPA training sessions planned for the quarter and which have not been carried out have been postponed to the next quarters.

Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations -gndr-8

During this quarter, training/refresher of five legal service providers (project lawyers) on “legal assistance for survivors and ADR techniques” was organized by the ABA to improve the quality of service and documentation of cases.

For this quarter the project report that 5 persons received refresher training. 773 were planned to achieve According to the workplan below:

| Training: Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations - GNDR-8 | Health zones | 773 |
|--|---|------------|
| 31. Expand training of Parent Teacher Association/COPA members in pilot schools (teachers, school directors, school children and Noyaux mentors) on child protection, code of conduct against SGBV, (8 PTA already initiated during Y2, 72 PTA with 10 members each to initiate in Y3) | <i>Katana, Nyangezi, and Walikale</i> | 72 |
| 32. Expand training of youth members in techniques of community participatory theatres to support BCC messages in all 5 HZ, and CBTH-community celebration session in 3 IE zone | <i>Katana, Nyangezi, Bunyakiri and Walikale</i> | 92 |
| 33. Expand training of journalists and CST - based staff on BCC techniques and radio broadcasting (2 journalist x 3 local radios, plus 2 staff x 3 CST Tushinde) | <i>Katana, Nyangezi, and Walikale</i> | 12 |
| 34. Expand ToT Men’s Engage package for community facilitators (14 from Walikale, 18 from Katana, 12 from Nyangezi) | <i>Katana, Nyangezi, and Walikale</i> | 44 |
| 35. Train leaders of VSLA groups and field agents on Women’s leadership, good governance, conflict resolution and VSLA plus approach and monitor VSLA's activities within 3 former Ushindi health zones of Karisimbi, Katana and Walikale | <i>Katana, Karisimbi</i> | 235 |
| 37. Provide GBV prevention and peace building training for Youth club leaders (3 HZ) 2 youth/HA x 5 days | <i>Katana, Nyangezi, Bunyakiri</i> | 132 |
| 38. Train teachers, school directors and noyau mentors on Child Protection life skills - 3 members / HA x3 jours | <i>Katana, Nyangezi, Bunyakiri</i> | 168 |
| 39. Provide refresher training for Literacy Trainers and SBCC - field supervisor on REFLECT approach (1 teacher x 10 classes, 5 field supervisors, 3 M&E officers) | <i>Goma</i> | 18 |

Number of service providers that receive training, technical assistance, or capacity building in TIP victim-centered and trauma-informed services. - PS.5.1-24:

The TIP training scheduled for the quarter was pushed to Q2. Routine awareness raising sessions on TIP continued in the field. Those sessions are conducted by service providers, community groups leaders who have been briefed by the program team during the Y2Q3. Feedback from the field transmitted by CST teams informed on a great enthusiasm on the TIP that they consider as a new area of learning and improvement of their knowledge in order to protect their community members. During the briefing mentioned above discussions have also been held on the quality of data collection and documentation of cases of TIP. Once again, the beneficiaries considered this as a learning opportunity. The project team is confident that with these new skills provided, the data collection and documentation of cases will be improved.

During the next periods, the project envisages to organize the activities described in the table below (train 409 persons):

| Training service providers on TIP victim-centered and trauma-informed services. PS.5.1-24 | 5 Health zones | 409 |
|---|------------------------|------------|
| 41. Train lay counselors (APS) on CPT approach for timely and adequate care of eligible survivors (20 APS, 12 psychologists, 1 supervisor and 2 staff of IMA- MEL unity, 1 translator | <i>Goma and Bukavu</i> | 36 |
| 42. Provide refresher training for 20 APS, and 12 psychologists on CPT technics and data forms | <i>Personnes</i> | 32 |
| 43. Train service providers nurses and psychosocial counselors) to identify GBV and TIP survivors at intake | <i>Personnes</i> | 172 |
| Refresher Trainings for human right defenders (paralegals) on GBV laws and Congolese justice system - DR.6.1-2 | <i>Personnes</i> | 86 |
| 44. Provide refresher training on CBTH for 80 facilitators 3 supervisors | <i>Bukavu</i> | 83 |

IR 1.2 Community tolerance of GBV reduced - DR.6.1-2

The percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities - GNDR-4

This indicator will remain in the PMP for context only. NORC is responsible for collecting baseline and end line data for this indicator as part of their Impact Evaluation of CBTH in 3 Health Zones.

During the quarter, SBCC activities reached a total of 107,397 people; or 1461% (107,397/7352) of the target planned for the quarter (7352 people; 29,408/4).

The people who have been reported to this indicator are the community members reached by the messages of campaigns to combat GBV; messages transmitted by community groups reinforced by the project.

With the authorization of the Agreement Officer Representative (AOR), the targets for the current year initially underestimated may be revised upwards. This upward review would take into account awareness activities carried out outside the supported community groups.

If such authorization was granted, the project intends to define an annual target of 271,183 people (which represents the 20% of target population by Ushinde project. The 20% is based on Ushindi program achievements (FY6 & FY7)).

In this context, the quarterly target would then be 67,796 people (271,183 people/4 quarters). For the current reporting period, the completion rate would be 158% (107,397 people/67,796 people). This rate would be justified by an increased involvement of community groups in community awareness activities.

Le tableau ci – dessous décrit la répartition des nombres de personnes touchées par les différents groupes communautaires :

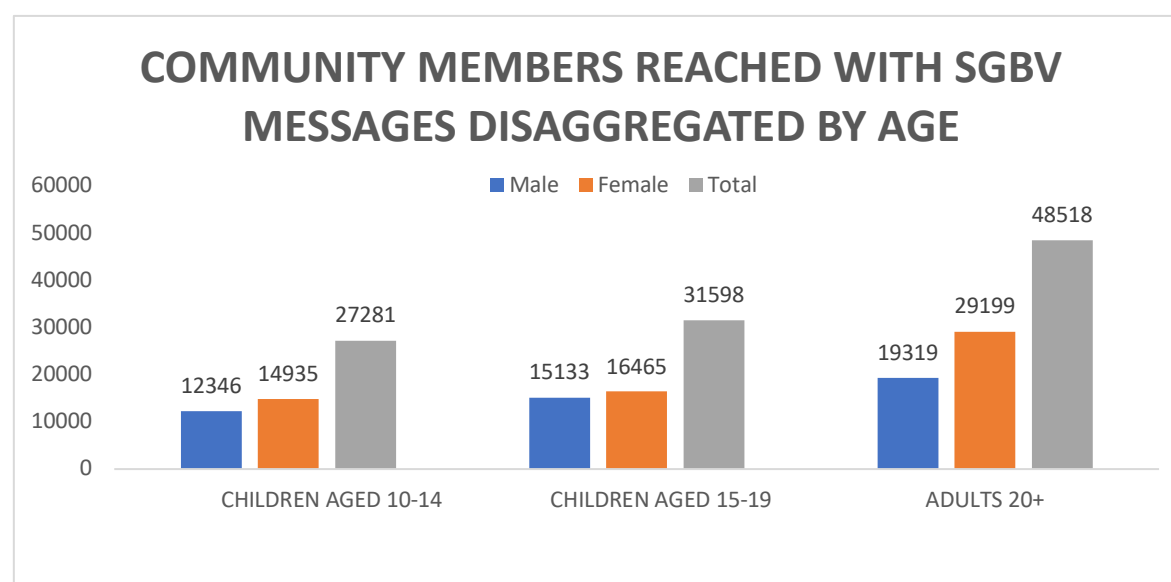
Table Number 3: Number of community members who gained tailored GBV information from community groups

| Number of community members who gained tailored GBV information from community groups | Participants | | |
|---|--------------|--------------|---------------|
| | M | F | Total |
| Number of community members sensitized by Noyau/CODESA | 39.863 | 53.666 | 93.529 |
| Number of community members sensitized by VSLA | 1.438 | 1.991 | 3.429 |
| Number of community members sensitized by Parents Teachers Associations | 5.183 | 4.638 | 9.821 |
| Number of community members sensitized by Men's Engage | 304 | 314 | 618 |
| Total | 46798 | 60599 | 107397 |

The supported community groups regularly conducted behavior change communication activities in their communities utilizing the messages developed by the project. This community-based activity is contributing and complementing the awareness raising campaigns on GBV prevention and response carried out by Tushinde personnel.

The figure below describes the number and the age of community members reached by SGBV messages:

Figure 1: Number of community members reached by SGBV messages disaggregated by age and sex



Among the different age groups targeted, adults (over the age of 20) were those most reached by messaging (45%; 48,518/107,397), followed by youth (29%, 31,598/107,397) and children (25%; 27,281/107,397).

The different categories of people reached include community leaders, soldiers, police, students, teachers, and other members of the community.

The most frequently discussed themes during the quarter were; "Registering children with the civil authorities" (25,691 people reached); "A child's place is in school, zero tolerance for early marriage" (19,916 people reached); "Stop rape in schools" (19,252 people reached).

Number of people sensitized by Men's Engage groups on GBV prevention and response

During this quarter, discussion sessions on the “men engage” approach were organized in the Bunyakiri Health Zone. A total of 618 people (314 men and 304 women) participated in the discussion sessions led 66 project trained facilitators.

Radio programming

During this quarter, 60 radio programs were broadcast by partner radios. Messages related to the positive transformation of social norms as well as the enhancement of positive gender roles in the targeted communities were broadcast to reinforce the messages transmitted through other channels (community groups).

Awareness Campaign: 16 Days of Activism Against Gender-Based Violence

The International 16 Days of Activism Against Gender-Based Violence campaign was based on the theme, "Orange the World: Generation Equality Stands Against Rape!". The project carried out mass awareness-raising activities in the 5 intervention Health Zones around the national theme of “combating sexual exploitation and abuse of women and girls”. A total of 980 people, 551 women and 429 men (see Table 3), were made aware of the sexual exploitation and abuse (SEA) risk among women and girls in the communities targeted by the project. Target groups for the campaign included people with disabilities (hearing-impaired individuals) (115) and faith leaders (131).

Table 4: Number of People reached through the Awareness Campaign, by Gender and Health Zone

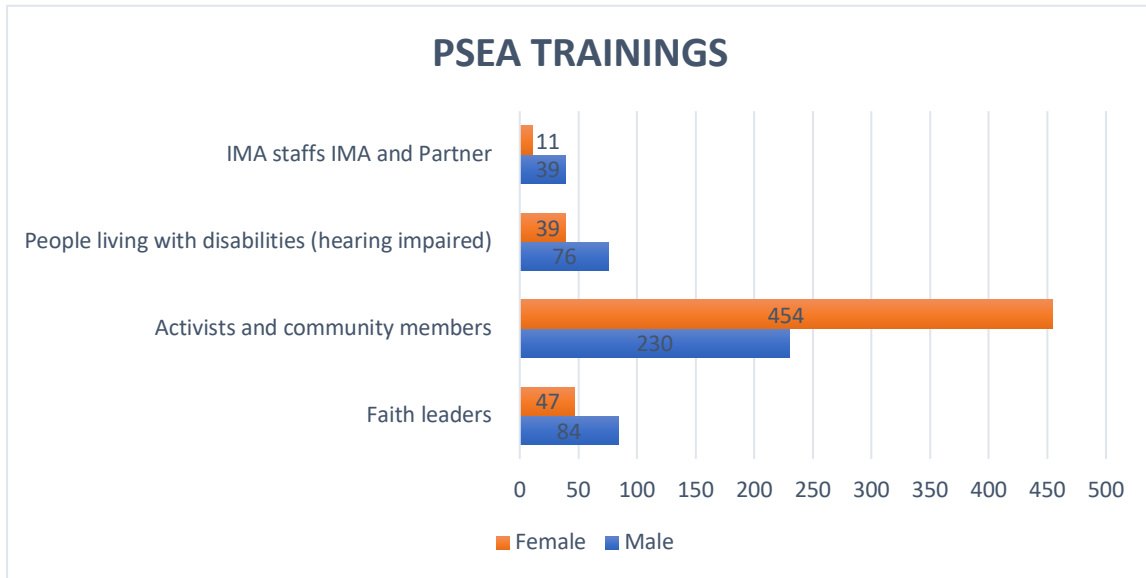
| Sensitized People | Male | Female | Total | HZ |
|---|------------|------------|------------|------------------------------|
| Faith leaders on Sexual Exploitation and Abuse/ SEA | 84 | 47 | 131 | Karisimbi & Walikale |
| Activists and community on Sexual Exploitation and Abuse / SEA | 230 | 454 | 684 | Katana, Nyangezi & Bunyakiri |
| People living with disabilities (hearing impaired) on Sexual Exploitation and Abuse / SEA | 76 | 39 | 115 | Karisimbi |
| IMA staff and Partners | 39 | 11 | 50 | Goma |
| TOTAL | 429 | 551 | 980 | |

Other activities: Training on PSEA (Prevention of Sexual Exploitation and Abuse)

A PSEA training was organized during the 16 Days of Activism Campaign, targeting all IMA staff. Based on a “to serve with pride” approach and PSEA Taskforce tools ¹ the training resulted in further engagement of IMA personnel to zero tolerance of SEA of beneficiaries. The training was concluded with a written engagement signed by each staff.

Figure 2: Sexual Exploitation and Abuse Trainings

¹ See: www.pseataaskforce.org



Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming

This indicator will remain in the PMP for context only. NORC is responsible for collecting baseline and end line data for this indicator as part of their Impact Evaluation of CBTH in 3 Health Zones. IMA will not be reporting on this indicator.

IR 2: Availability of community-level GBV-related services improved

Tushinde provides services to survivors of SGBV through a multi-sectoral and holistic approach. High quality medical, psychosocial, and legal services respecting international standards and innovative approaches and techniques (i.e. CPT) are provided free of charge to all survivors. Access to service is voluntary with strict rules regarding confidentiality to ensure survivor safety and security. Table 4 shows achievements by performance indicator for IR2

Table 5: Performance Indicators: IR 2, 2.1, 2.2, 2.3

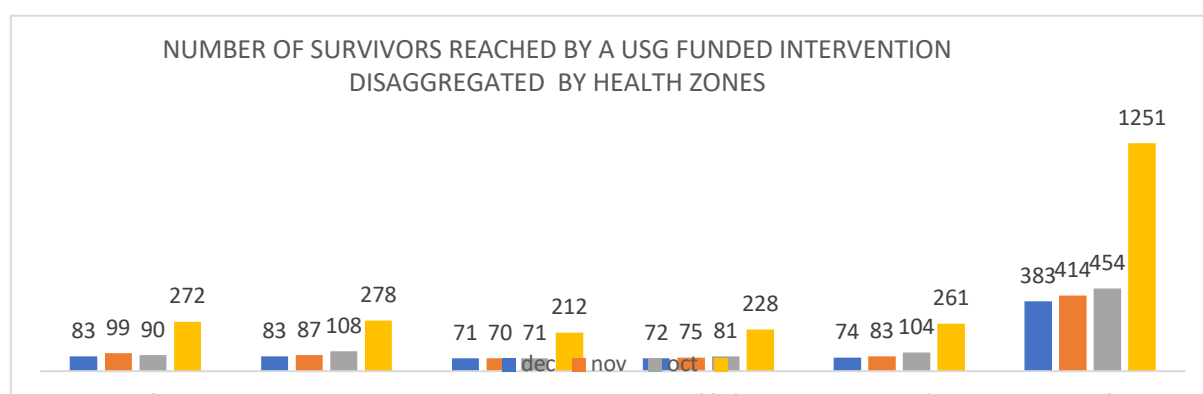
| Indic # | Performance Indicator | Achievement for Y1 (Oct17 - Sep18) | Achievement for Y2 (Oct18_Sept19) | Annual Target Y3 | Quarterly target/ Q1Y3 | (Y3_Q1) Oct_Dec 2019 | | | | Cumulative achievements (Oct17_Dec 20) |
|---|---|------------------------------------|-----------------------------------|------------------|------------------------|----------------------|--------|-------|------------------------------------|--|
| | | | | | | Male | Female | Total | Achievement of quarterly target Y3 | |
| GOAL: Strengthen Community-Based Prevention and Response to Sexual and Gender-Based Violence in Eastern Congo | | | | | | | | | | |
| IR 2: Availability of community-level GBV-related services improved | | | | | | | | | | |
| IR 2.1: Increased provision of health, psychosocial, and legal services | | | | | | | | | | |
| 13 | GNDR-6 Number of people reached by a USG funded intervention providing GBV services (health and psycho-social counseling.) | 3,135 | 5,244 | 5,621 | 1,405 | 212 | 1,039 | 1,251 | 89% | 9630 |
| a | People reached only with Health services | 1,265 | 1,682 | 3,372 | 843 | 20 | 381 | 401 | 48% | 3348 |
| b | People reached only with Psychosocial services | 2,974 | 4,992 | 5,508 | 1,377 | 189 | 942 | 1,131 | 82% | 9097 |
| c | People reached by more than one type of service | 1,568 | 2,426 | 2,586 | 647 | 74 | 491 | 565 | 87% | 4559 |
| 14 | DR.6.3-1 Number of individuals from low income or marginalized communities who received legal aid or victim's assistance with USG support - (desegregated by age, Gender, type of beneficiaries of GBV, and package of social services)- cfr GNDR 6 | 548 | 1,326 | 1,264 | 316 | 76 | 240 | 316 | 100% | 2190 |
| a | Number of people of sexual cases receiving legal assistance | 169 | 263 | 224 | 56 | 0 | 56 | 56 | 100% | 488 |
| b | Number of people of other sexual cases receiving legal assistance | 379 | 1,063 | 1,040 | 260 | 70 | 190 | 260 | 107% | 1702 |
| c | Number of complaints were filed with the police | 72 | 127 | 208 | 52 | 7 | 45 | 52 | 85% | 251 |
| d | Number cases are currently undergoing investigation before the prosecutor office | 56 | 50 | 152 | 38 | 2 | 36 | 38 | 100% | 144 |
| e | Number of cases filed with the courts | 33 | 25 | 120 | 30 | 1 | 46 | 47 | 157% | 105 |
| f | Number of cases received judicial decisions/ judgement rendered | 7 | 33 | 60 | 15 | 0 | 16 | 16 | 107% | 56 |
| 15 | PS.1.5.3-18 The number of victims of TIP receiving services provided with USG assistance | 0 | 718 | 634 | 159 | 6 | 81 | 87 | 55% | 805 |

| | | | | | | | | | | |
|-----------|--|------|------|--------|---------------|------|-------|-------|------|----------|
| a | TIP survivors reached only with Health services | 0 | 534 | | | 4 | 59 | 63 | | 597 |
| b | TIP survivors reached only with Psychosocial services | 0 | 657 | | | 5 | 76 | 81 | | 738 |
| c | TIP survivors reached with only formal legal services | 0 | 92 | | | 1 | 7 | 8 | | 100 |
| d | TIP survivors reached by more than one type of service | 0 | 508 | | | 3 | 55 | 58 | | 566 |
| 16 | Number of LGBTI survivors receiving services | 0 | 1 | 12 | 3 | 0 | 1 | 1 | 33% | 2 |
| a | LGBTI survivors reached only with Health services | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| b | LGBTI survivors reached only with Psychosocial services | 0 | 1 | 1 | | 0 | 1 | 1 | | 2 |
| c | LGBTI survivors reached only with formal legal services | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| d | LGBTI survivors reached by more than one type of service | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| 17 | Number of new acceptors of Family planning methods | 0 | 0 | 49,191 | 12,298 | 19 | 5,964 | 5,983 | 49% | 5983 |
| | IR 2.2: Improved quality of health, psychosocial, and legal services | | | | | | | | | 0 |
| 18 | Number of survivors of rape received for medical care within 72 hours | 523 | 958 | 1,214 | 304 | 11 | 229 | 240 | 79% | 1721 |
| 19 | Percentage of rape survivors received for medical care within 72 hours who receive a PEP kit | 99% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 298% |
| 20 | HL.7.2-2 : Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals and/or services during the year | 40 | 38 | 168 | | 0 | 0 | 0 | 0% | 78 |
| 21 | HL.7.1-2 Percent of USG-assisted service delivery sites providing family planning counseling and/or services | 100% | 100% | 100% | 100% | | | 91% | 91% | 86 |
| | IR 2.3: Reduced barriers of access to health, psychosocial, and legal services:) | | | | | | | | | 0 |
| 22 | Percentage of target population reporting increased awareness of how to access GBV-related community services - Original indicator | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |
| 23 | Percentage of target population reporting disagreement with identified barriers to accessing GBV-related community services -Original indicator | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |

IR 2.1: Increased provision of health, psychosocial, and legal service

During the quarter, 1,251 survivors of GBV received USG funded interventions as illustrated in the figures below

Figure 3: Number of people reached by USG Funded Intervention (disaggregated by Health Zone/month)



The project provided GBV services to 1,251 survivors (89% of the target). Of the total 1,251 survivors, 1,063 are adults (192 men and 871 women) and 188 are children (20 boys and 168 girls).

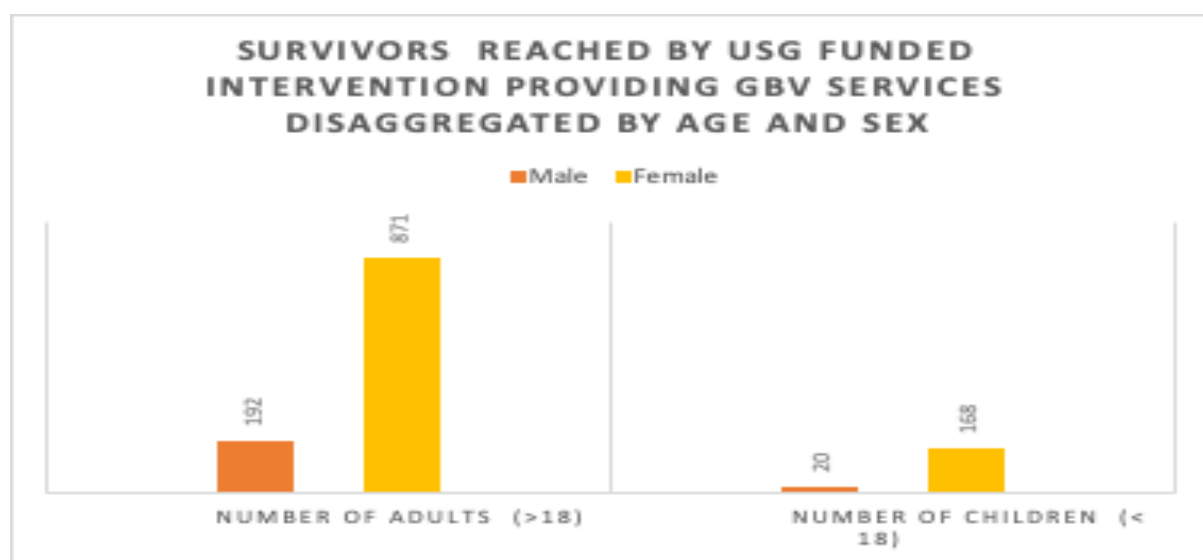


Table 6: People reached by GBV services disaggregated by type of incident

| | M | F | Total |
|---|------------|-------------|-------------|
| Survivors reporting SGBV Incident * | 10 | 409 | 419 |
| Survivors reporting GBV Incident * | 202 | 600 | 802 |
| People reporting fistula and vaginal prolapse * | 0 | 30 | 30 |
| Total | 212 | 1039 | 1251 |

*SGBV incident means: Rape Sexual Assault and Forced Marriage²

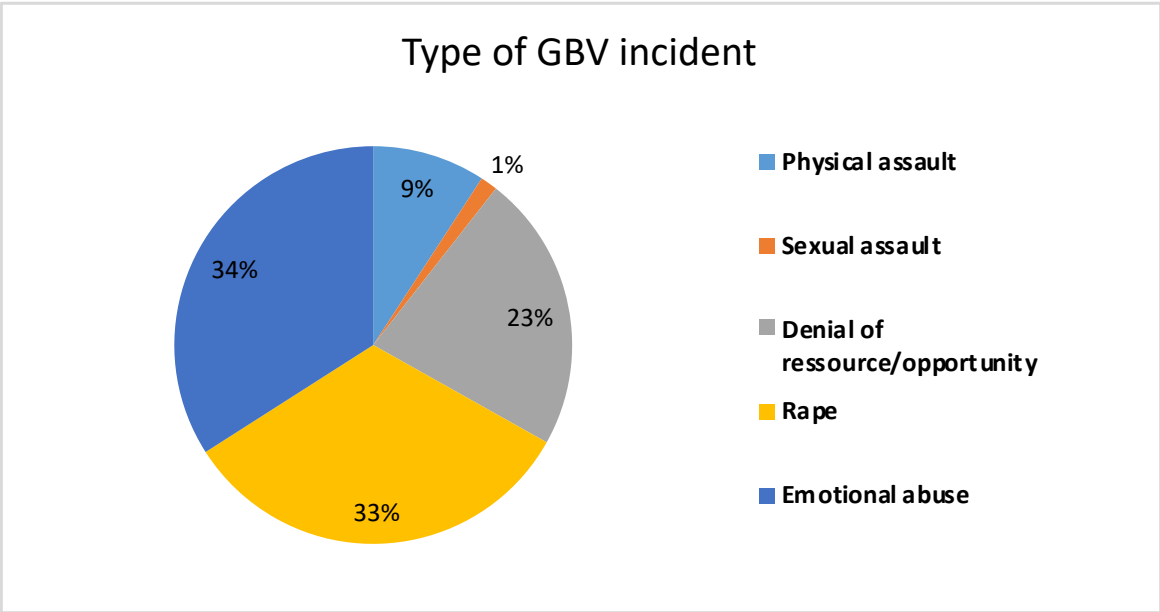
* GBV incident means: all other types of GBV as physical assault, denial of resources and emotional abuse.

* Fistula and Prolapses are obstetrical pathologies

² See GBVIMS Incident Classification Tool www.gbvims.com

As shown in the table above, half the number of survivors reported SGBV incidents compared to those who reported GBV incidents. However, the percentage of all cases that were rape cases is relatively high (33%), considering sexual violence is usually underreported compared to other GBV types.

Figure 4: Type of GBV Incident



It was noted that there was a decrease of sexual violence cases registered by Tushinde partners from 155 cases in October to 131 cases in December. While the results of a SGBV project are not measured on the basis of sexual violence increasing or decreasing in prevalence, it is important to follow up with Tushinde partners in next quarter to ensure that survivors of the sexual violence incidents that occurred during the security clashes in December are able to access appropriate services.

Figure 5: Survivors reporting SGBV incidents in Q1

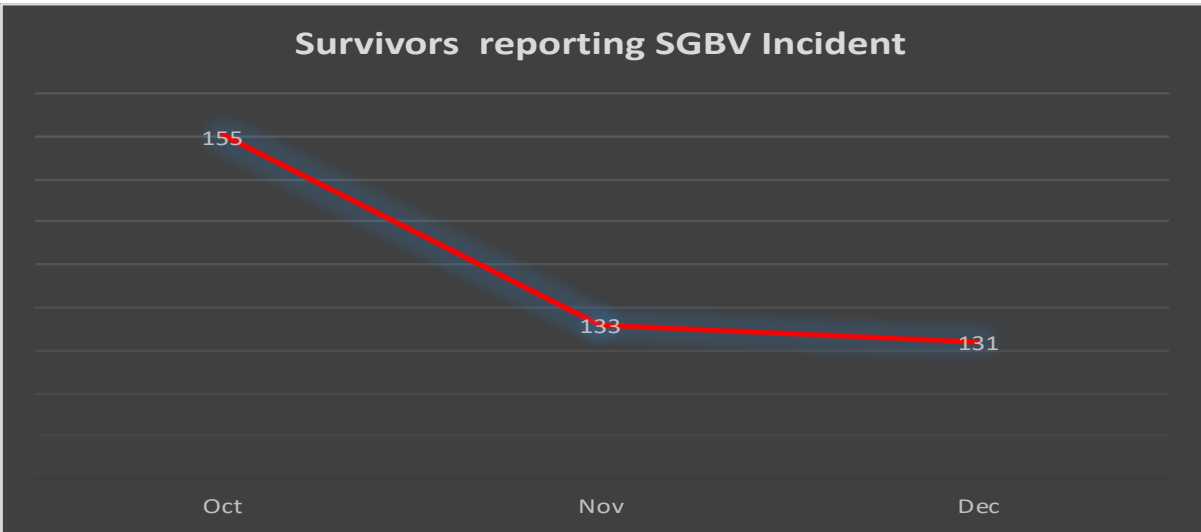


Figure 6: Survivors Receiving Services

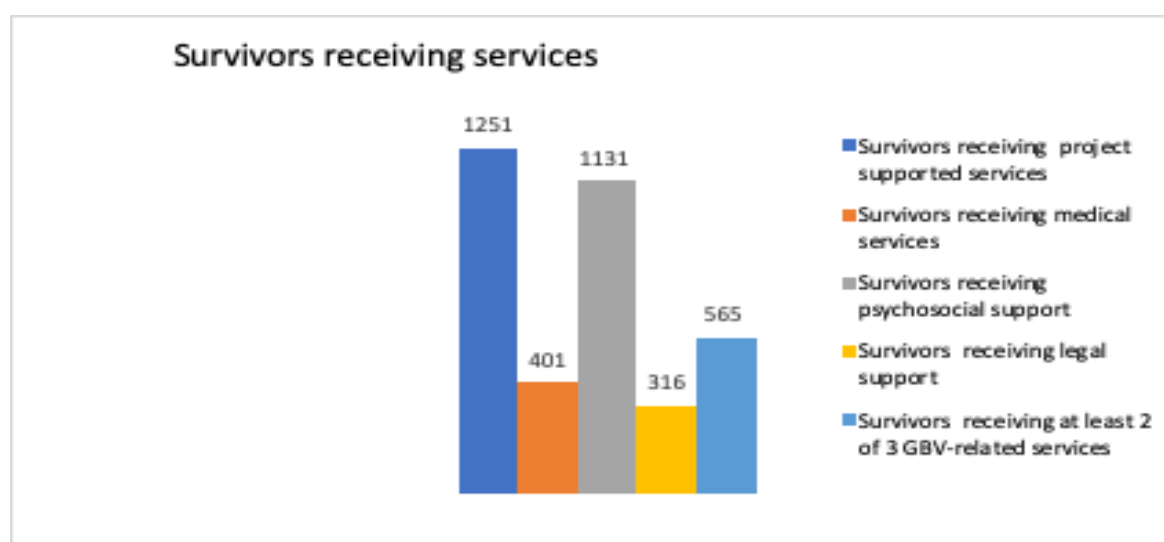


Figure 6 shows that of the 1,251 survivors who benefited from the interventions of the project, 90% (1,131/1,251) benefited from the psychosocial services, 45% (565/1251) benefited from two or three services (psychosocial, medical and legal), 30% (401/1251) benefited from medical services and, lastly, 25% benefited from legal services.

Figure 7: Survivors receiving medical services, by age group and sex

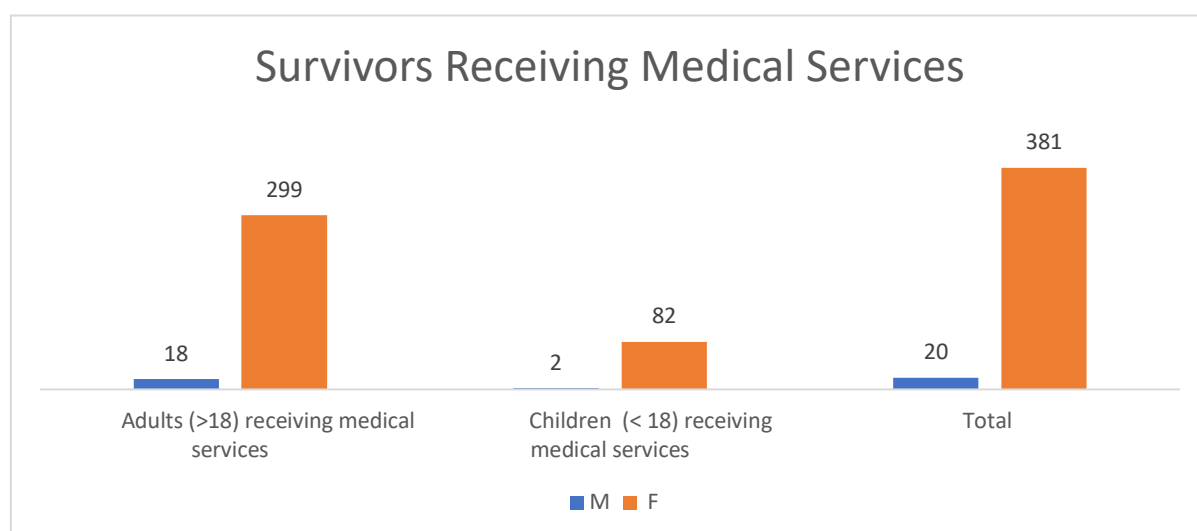


Figure 7 shows that 317 adults (18 men and 299 women) frequented medical services compared to 84 children (2 boys and 82 girls)

Of the 401 people who benefited from medical services, 240 people reported to the health facility within 72 hours and 239 received a PEP kit. Another 162 people received care after 72 hours of the assault incident.

Psychosocial Support

Psychosocial support is one of the pillars of multi-sectoral and survivor-based approaches in Tushinde. A GBV incident is always a traumatic event seriously affecting the survivor's psychological well-being. Sexual violence can lead to severe psychological distress and mental health pathologies including severe depression and suicidal thoughts. Tushinde offers basic

or specialized psychosocial support through psychosocial counseling or cognitive processing therapy (CPT)

DURING THIS QUARTER, 802 ADULT WOMEN, 140 GIRLS, 171 ADULT MALES, AND 18 BOYS RECEIVED PSYCHOSOCIAL SERVICES THROUGH THE PROJECT. (FIGURE 8).

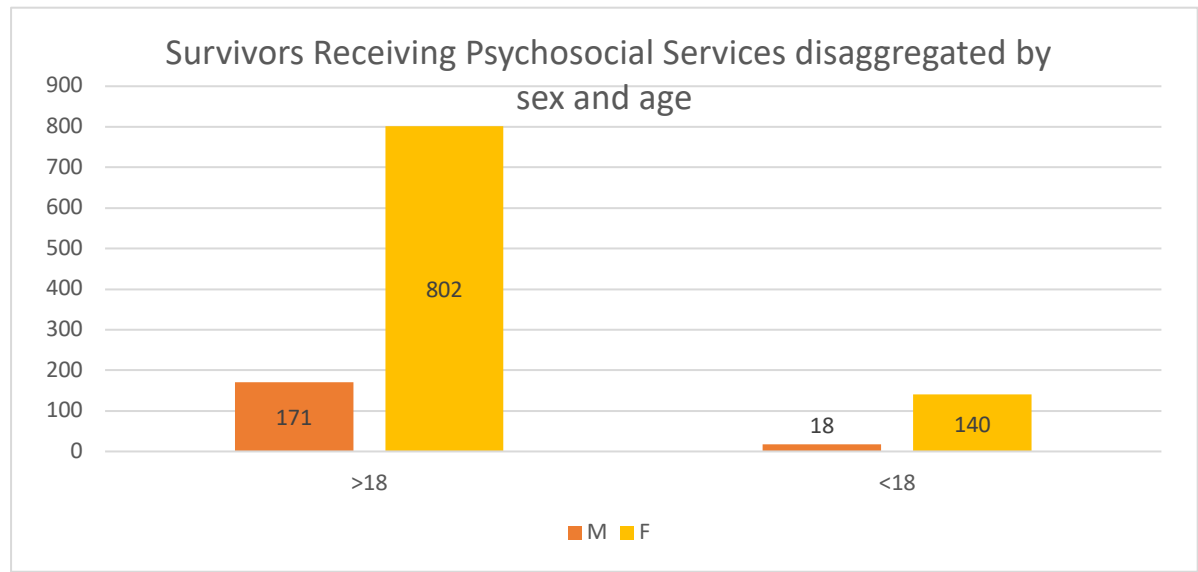
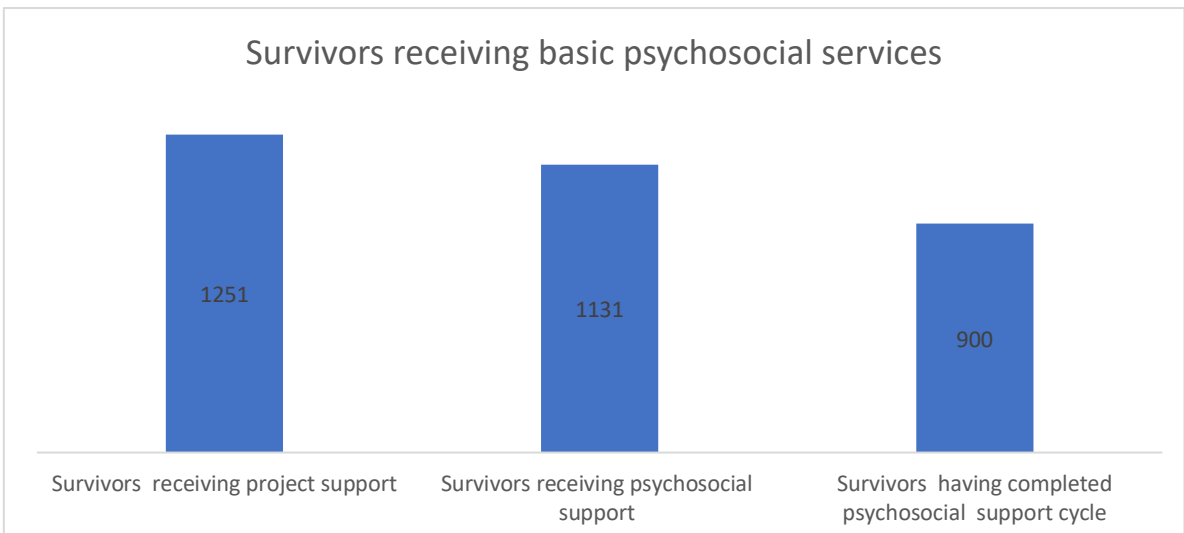


FIGURE 8: SURVIVORS RECEIVING PSYCHOSOCIAL SERVICES, BY AGE GROUP AND SEX.

The figure below is showing that 1131 survivors received basic psychosocial support against the total of 1251 survivors requesting project services. Among 1131 survivors, 900 completed the psychosocial support cycle.

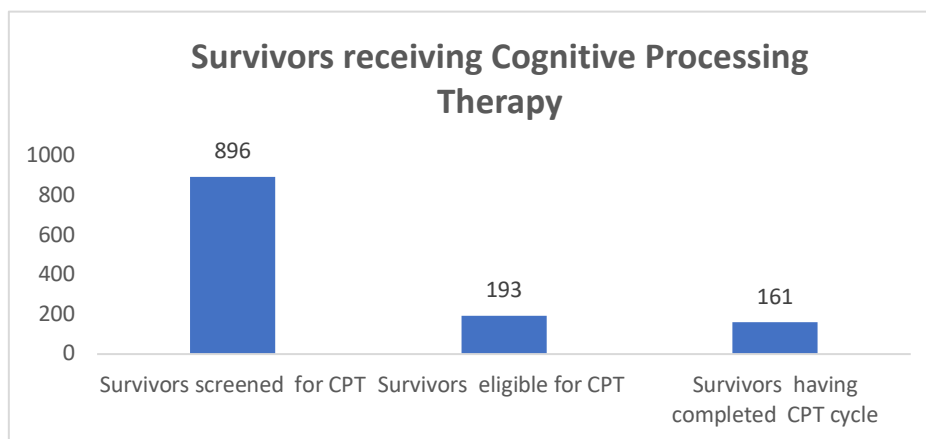


CPT (Cognitive Processing Therapy)

CPT IS A THERAPEUTIC APPROACH USED TO TREAT TRAUMA AND TO HELP SURVIVORS RECOVER PSYCHOLOGICAL AND FUNCTIONAL CAPACITIES. TWO DIFFERENT APPROACHES ARE USED, THE REGULAR PSYCHOSOCIAL ASSISTANCE (RECEIVED BY 1,131 PEOPLE) AND THE CPT APPROACH (896 PEOPLE SCREENED AND ONLY 193 ELIGIBLE TO RECEIVE THE CPT). IN AREAS WHERE CPT ISN'T ACCESSIBLE, SURVIVORS ARE NOT SCREENED FOR IT, BUT INSTEAD RECEIVE PSYCHOSOCIAL SUPPORT DIRECTLY THROUGH THE APS. OF THE 1,131 WHO RECEIVED PSYCHOSOCIAL ASSISTANCE,

900 PEOPLE WERE DISCHARGED (MEANING THEY RECEIVED THE FULL TREATMENT). OF THE 193 ELIGIBLE TO RECEIVE THE CPT, ONLY 161 HAVE COMPLETED THE FULL CPT THERAPY CYCLE.

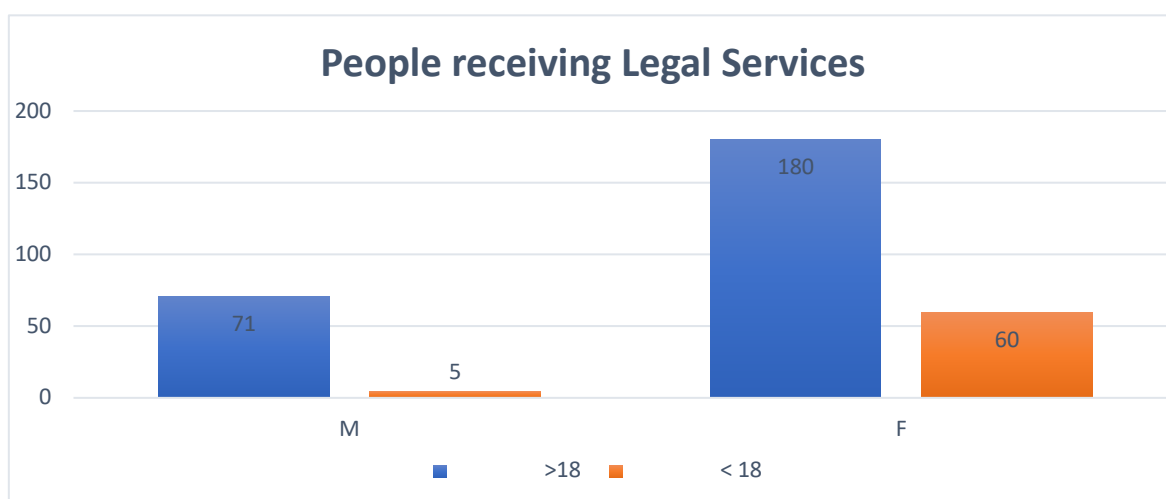
FIGURE 9: SURVIVORS RECEIVING COGNITIVE PROCESS THERAPY (CPT)



Number of individuals from low income or marginalized communities who received legal aid or victim's assistance with USG support DR.6.3-1

LEGAL SERVICES ARE PROVIDED TO SURVIVORS UPON REQUEST AND INCLUDE LEGAL COUNSELING AND SUPPORT DURING LEGAL PROCEEDINGS FOR VICTIMS WHO CHOOSE TO GO TO COURT. THE IMPUNITY OF PERPETRATORS IS A KEY ASPECT THAT NEGATIVELY AFFECTS GBV SURVIVOR TRUST IN THE JUSTICE SYSTEM AND REINFORCES TRADITIONAL COMPENSATION SYSTEMS OR NEGATIVE COPING MECHANISMS. THE PROJECT IS ACHIEVING ENCOURAGING RESULTS IN THIS AREA AS ILLUSTRATED BY THE NUMBER OF SURVIVORS RECEIVING LEGAL AID IN FIGURES 10 AND 11.

FIGURE 10: PEOPLE RECEIVING LEGAL SERVICES, BY AGE GROUP AND GENDER



As illustrated in the graph above, 251 adults (180 women and 71 men) received legal services as well as 65 children (60 girls and 5 boys).

Historically in DRC the impunity of perpetrators of sexual violence has been a major obstacle for GBV projects. To see an increasing rate of convictions as per Figure 11 is a positive result showing strong impact of Tushinde project. Over the Q1, 16 Judgments on sexual violence cases were rendered with 15 convictions (94%). Challenges remains in terms of access to justice (A2J) due to the lack of operational jurisdictions in rural health zones. The Mobile Court in Walikale shown that justice can be successfully brought to remote areas overcoming systemic challenges and weakness within Justice System.

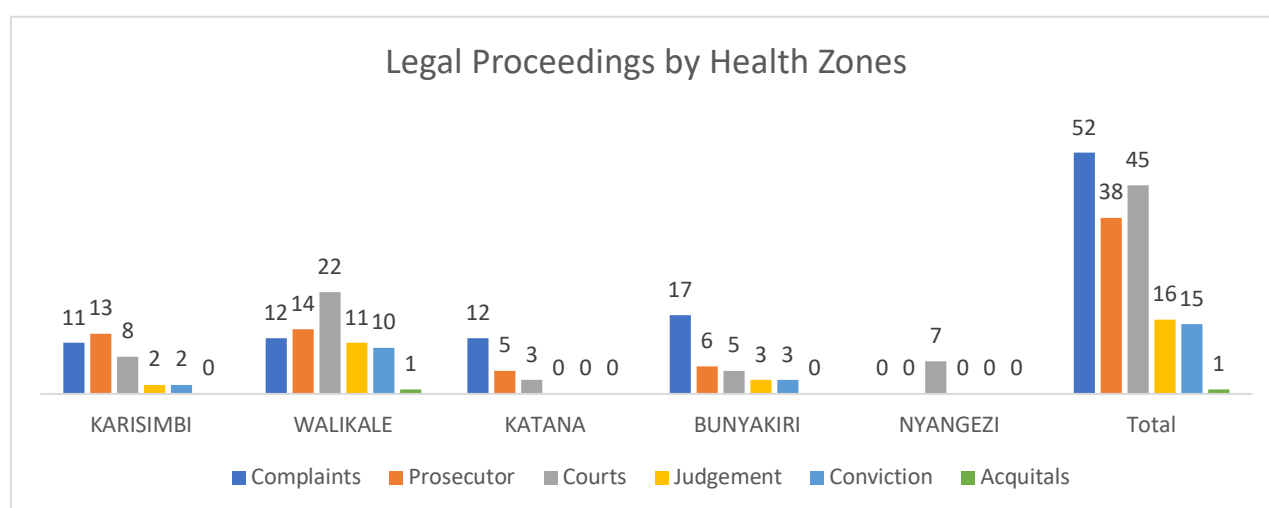


FIGURE 11: LEGAL PROCEEDINGS BY HEALTH ZONES

The number of victims of TIP receiving services provided with USG assistance. PS.1.5.3-18

Table 7: Presentation of vulnerable persons in the TIP category

| Categories of TIP | F >18 | F < 18 | Total | M >18 | M < 18 | Total | Total |
|--------------------------------|-----------|-----------|-----------|----------|----------|----------|-----------|
| Forced to mine work | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Sexual slavery | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Forced work in a bar or bistro | 0 | 1 | 1 | 0 | | 0 | 1 |
| Forced domestic/Housework | 2 | 1 | 3 | 0 | 0 | 0 | 3 |
| Sexual exploitation | 6 | 52 | 58 | 2 | 0 | 2 | 60 |
| Forced prostitution | 4 | 12 | 16 | 0 | 0 | 5 | 21 |
| Total | 13 | 67 | 80 | 2 | 0 | 7 | 87 |

Table 7 above shows that during this quarter, 87 cases of TIP were identified: 15 children (2 boys, 13 girls) and 72 adults (67 women, 5 men). In North and South Kivu, the most recurrent TIP cases were sexual exploitation and forced prostitution.

The table below describes services provided to TIP survivors during this quarter:

Table 8: Number of victims of TIP receiving services provided with USG assistance

| Performance Indicator | Achievement for Y1 (Oct17 - Sep18) | Achievement for Y2 (Oct18_Sep19) | Annual Target Y3 | Quarterly target/ Q1Y3 | (Y3_Q1) Oct_Dec 2019 | | | | Cumulative achievements (Oct17_Dec 20) |
|---|------------------------------------|----------------------------------|------------------|------------------------|----------------------|--------|-------|------------------------------------|--|
| | | | | | Male | Female | Total | Achievement of quarterly target Y3 | |
| PS.1.5.3-18 The number of victims of TIP receiving services provided with USG assistance | 0 | 718 | 634 | 159 | 6 | 81 | 87 | 55% | 805 |
| TIP survivors reached only with Health services | 0 | 534 | | | 4 | 59 | 63 | | 597 |
| TIP survivors reached only with Psychosocial services | 0 | 657 | | | 5 | 76 | 81 | | 738 |
| TIP survivors reached with only formal legal services | 0 | 92 | | | 1 | 7 | 8 | | 100 |
| TIP survivors reached by more than one type of service | 0 | 508 | | | 3 | 55 | 58 | | 566 |

Number of LGBTI survivors receiving services

Table 9: Vulnerable LGBTI people receiving services: PS.1.5.3- Number of surviving LGBTI cases who received services

| Number of LGBTI survivors receiving services | | | |
|--|---|---|-------|
| | M | F | Total |
| Number of children (< 18) | 0 | 0 | 0 |
| Number of adults (>18) | 0 | 1 | 1 |

Only one female LGBTIQ case was reported soliciting psychosocial service during the quarter in Karisimbi Health zone. LGBTIQ remains a cultural taboo making it challenging to identify and provide support to members of the LGBTIQ community. Despite of this permanent challenge, the program team is working hard in collaboration with implementing partners and community leaders to identify the best strategy adapted to areas of implementation to combat LGBTI discussions as a taboo. Reflecting on the experience in trying to protect and provide services to LGBTI community members, the program team will identify the strongest ways to implement the strategy that will be discussed in order to create a great sense of ownership among all the stakeholders.

The LGBTI issue will remain at the center of the project actions in the field. No action with the aim to jeopardize the little results already obtained since the beginning of the project will be neglected. While identifying the strategy mentioned above, the program will remain constantly in contact with LGBTI groups a field partners to bring immediate responses to the problems faced by LGBTI community. To do so, the project team contacts have been shared with LGBTI community.

During next quarters, trainings/refreshers and meetings on LGBTQI stigma and cultural barriers will as well continue.

People living with disabilities (PLW)

The table below present the current situation of services provided to this category of people.

Table 10: Vulnerable people with physical or mental disabilities receiving services

| Disability Types | M | | | F | | | Total |
|---------------------|-----|------|-------|-----|------|-------|-------|
| | >18 | < 18 | Total | >18 | < 18 | Total | |
| Mental disability | 2 | 3 | 5 | 0 | 1 | 1 | 6 |
| Physical disability | 2 | 5 | 7 | 0 | 2 | 2 | 9 |
| Both | 1 | 1 | 2 | 0 | 0 | 0 | 2 |
| Total | 5 | 9 | 14 | 0 | 3 | 3 | 17 |

IR 2.2: Improved quality of health, psychosocial and legal services

Number of survivors of rape received for medical care within 72 hours

PEP KITS ARE PROVIDED TO ELIGIBLE SURVIVORS ARRIVING WITHIN 72 HOURS AFTER THE RAPE. OF THE 401 PEOPLE WHO BENEFITED FROM MEDICAL SERVICES, 240 PEOPLE (43 CHILDREN INCLUDING 42 GIRLS AND 1 BOY; 196 ADULTS INCLUDING 11 MEN AND 185 WOMEN) REPORTED TO THE HEALTH FACILITY WITHIN 72 HOURS; OF WHICH 239 RECEIVED PEP KIT. THE REMAINING 162 SURVIVORS RECEIVED MEDICAL CARE AFTER 72 HOURS.

Percentage of PEP-eligible rape survivors who were administered a PEP Kit

OVER 240 ELIGIBLE RAPE CASE, 239 RECEIVED PEP KITS (99,58%). THE REMAINING CASE WAS A CHILD FOR WHOM THE MEDICAL STAFF WAS UNABLE TAKE AN INFORMED DECISION.

Figure 12: Number of people receiving medical services including PEP kits

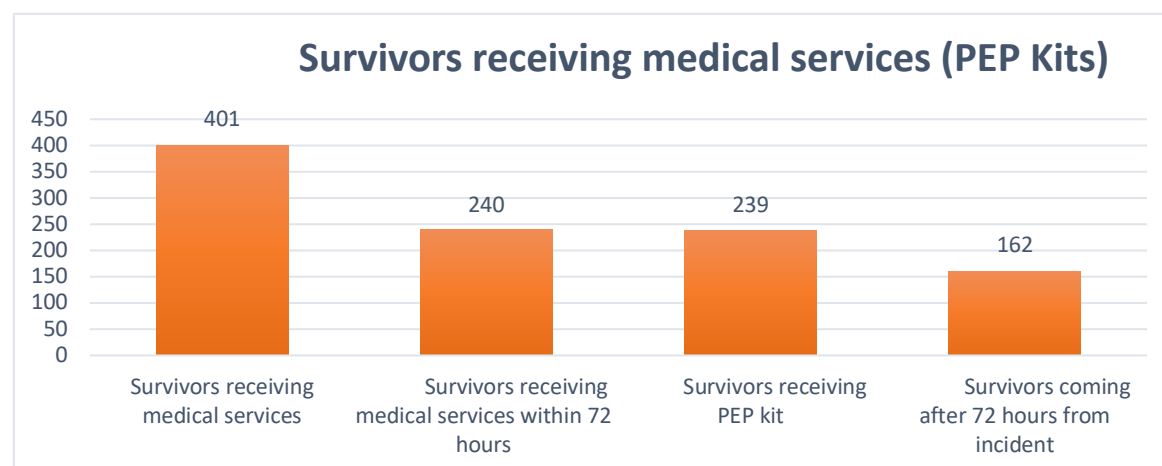


Table 11: Monitoring of PEP kits distributed in health centers

Tushinde is benefiting from OFDA PEP Kits project. Karisimbi and Walikale are areas with largest use of PEP kits due to high rate of rape cases.

| Health Zone | Pediatric PEP Kits distributed | Adult PEP Kits distributed |
|-------------|--------------------------------|----------------------------|
| Karisimbi | 14 | 109 |
| Walikale | 10 | 34 |
| Nyangezi | 5 | 19 |
| Bunyakiri | 10 | 26 |
| Katana | 4 | 8 |
| Total | 43 | 196 |

FAMILY PLANNING SERVICES

Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals and/or services during the year. HL.7.2-2

FAMILY PLANNING (FP) ACTIVITIES ARE ONLY IMPLEMENTED IN KARISIMBI AND WALIKALE (NORTH KIVU). FP SERVICES ARE PROVIDED AS PART OF THE INTEGRATED HEALTH PROJECT (IHP) IN SOUTH KIVU.

PROVIDERS AND COMMUNITY WORKERS IN WALIKALE WERE TRAINED IN THE PROVISION OF FAMILY PLANNING SERVICES AND MANAGEMENT OF FAMILY PLANNING COMMODITIES DURING THE QUARTER.

Percent of USG-assisted service delivery sites providing family planning counseling and/or services HL.7.1-2

Of the 86 health areas supported by the project, 78, or 91% provided family planning services. Tushinde received a donation of FP commodities from Chemonics Global Health Project ensuring continuous provisions of FP services.

NUMBER OF NEW ACCEPTORS OF FAMILY PLANNING METHODS

5,983 NEW PEOPLE (19 MEN AND 5,964 WOMEN) SUBSCRIBED TO THE DIFFERENT FP METHODS. THE ACHIEVEMENT RATE WAS 473% WHICH CAN BE ATTRIBUTED TO AN UNDERESTIMATED TARGET.

IR 2.3: Reduced barriers of access to health, psychosocial, and legal services

This indicator is tracked by the baseline study conducted by NORC in 2019 and the level of related CHANGE WILL BE MEASURED BY THE IMPACT STUDY PLANNED FOR 2022.

IR 2.3.1 Percentage of target population reporting increased awareness of how to access GBV-related community services

THE PROJECT CARRIED OUT SEVERAL ACTIVITIES AIMED AT IMPROVING THE AWARENESS WITHIN TARGET COMMUNITIES OF THE SERVICES OFFERED BY TUSHINDE INCLUDING:

- Community group members trained by the project (*noyaux*, youth clubs, VSLA) continued to conduct awareness-raising sessions in churches, schools and in public places.

- Men's Engage group organized group discussions on positive masculinity. They encouraged domestic violence survivors to break the silence and seek social services in supported health areas.
- A mobile court was organized in Walikale to raise the local population's awareness on Congolese law punishing crimes of sexual violence and to strengthen the level of trust as well as the number of cases referred to judicial institutions which impacts the use of established jurisdictions.
- An increase of the subsidy package was granted to health facilities for the medical treatment of rape cases occurring after 72 hours post incidents.
- Participatory theater sessions were organized to help with trauma healing management resulting from GBV incidents and conflict in the streets and shopping centers.
- The project continued to document crimes of sexual violence and other human rights crimes to prepare for the legal mobile court in Health Zones without operational jurisdictions in Bunyakiri, Walikale and Nyangezi.

IR 2.3.2 Percentage of target population reporting disagreement with identified barriers to accessing GBV-related community services

This indicator will be measured in 2022 by NORC as part of the impact assessment.

IR 3: Perceptions of stigma surrounding reintegrated survivors reduced

During this quarter, the project continued the implementation of alternative dispute resolution (ADR) activities, discussion groups for community healing of trauma (CBTH), as well as socio-economic reintegration activities. The main goal was to contribute to the reduction of stigma surrounding survivors of gender-based violence in targeted communities.

ADR is a community-based conflict resolution process supported by Tushinde legal partner ABA-ROLI which aims to support community reconciliation while protecting most vulnerable peoples. The ADR mechanism also contemplates reparation for survivors and seems to be effective in case of GBV conflict under condition of strict neutrality of mediators and partners' capacity to prioritize survivor's rights before community's rights.

CBTH is a community-based approach that focuses on organizing a three days group discussion session of about 25 participants mostly affected by GBV-related trauma, and other conflict related issues. CBTH session is facilitated by local facilitators (trauma healing companions) and helps participants to be equipped with individual capacity to deal with traumatism in peaceful way, and to rebuild individual and collective resilience.

Table 12: Performance Indicators IR 3, 3.1, 3.2

| Indic # | Performance Indicator | Achievement for Y1 (Oct17 - Sep18) | Achievement for Y2 (Oct18_Sep19) | Annual Target Y3 | Quarterly target/ Q1Y3 | (Y3_Q1) Oct_Dec 2019 | | | | Cumulative achievements (Oct17_Dec 20) |
|---|--|------------------------------------|----------------------------------|------------------|------------------------|----------------------|--------|-------|------------------------------------|--|
| | | | | | | Male | Female | Total | Achievement of quarterly target Y3 | |
| GOAL: Strengthen Community-Based Prevention and Response to Sexual and Gender-Based Violence in Eastern Congo | | | | | | | | | | |
| IR 3: Perceptions of stigma surrounding reintegrated survivors reduced | | | | | | | | | | |
| IR 3.1: Alternative Conflict Resolution (ADR) mechanisms piloted | | | | | | | | | | 0 |
| 24 | Number of Cases (GBV and other) registered for ADR facilitation by a lawyer or paralegal | 187 | 856 | 535 | 134 | 21 | 167 | 188 | 141% | 1231 |
| | Number of GBV cases registered for ADR | 137 | 605 | | | 0 | 173 | 173 | | 915 |
| | Number of non-GBV cases registered for ADR | 50 | 251 | ? | | 0 | 15 | 15 | | 316 |
| 25 | Number of GBV-related disputes resolved through ADR | 109 | 352 | 401 | 100 | 0 | 197 | 197 | 197% | 658 |
| IR.3.2 Increased access to Community Based Trauma healing (CBTH) services - IE study by NORC | | | | | | | | | | 0 |
| 26 | Number of trauma survivors and other members of the community participating in trauma healing activities | 0 | 10,349 | 22,400 | 3,013 | 554 | 977 | 1,531 | 51% | 11880 |
| 27 | Number of 3-4 days trauma healing sessions organized | 0 | 473 | 1,120 | 162 | 27 | 50 | 77 | 48% | 550 |
| IR 3.3: Socio-economic reintegration services provided | | | | | | | | | | 0 |
| 28 | Number of people enrolled in literacy circles | 0 | 275 | 300 | 300 | 11 | 265 | 276 | 92% | 551 |
| 29 | ES.2-47 Percentage of individuals with improved reading skills following participation in USG assisted programs | 0 | 76% | 90% | 90% | n/a | n/a | n/a | n/a | 76% |
| 30 | Number of GBV survivors participating in VSLA | 395 | 113 | 506 | | 0 | 23 | 23 | | 531 |
| 31 | GNDR-2 Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)/VSLA | 75% | 70% | 80% | 80% | 0% | 100% | 75% | 94% | 78% |

IR 3.1: Alternative Dispute Resolution (ADR)

The demand for ADR services is observed. The table below summarizes the demand during the reporting period:

Table 13: Alternative Dispute Resolution (ADR) Activity by Health Zone

| No | Health Zone | # GBV related cases filed for resolution through ADR process | # conflicts for resolution through ADR process | Land filed through ADR | # related conflicts resolved through ADR | GBV # cases pending in the ADR process | # cases resolved and reparation provided |
|----|--------------|--|--|------------------------|--|--|--|
| 01 | Karisimbi | 19 | 2 | | 21 | 0 | 21 |
| 02 | Walikale | 28 | 1 | | 29 | 1 | 45 |
| 03 | Bunyakiri | 78 | 0 | | 78 | 52 | 18 |
| 04 | Nyangezi | 12 | 0 | | 12 | 5 | 7 |
| 05 | Katana | 25 | 0 | | 25 | 47 | 13 |
| | TOTAL | 162 | 3 | | 165 | 105 | 104 |

During this quarter, legal aid staff and paralegals received 165 cases of ADR (162 GBV and 3 land disputes). 104 cases were resolved and received reparations; 105 cases are pending.

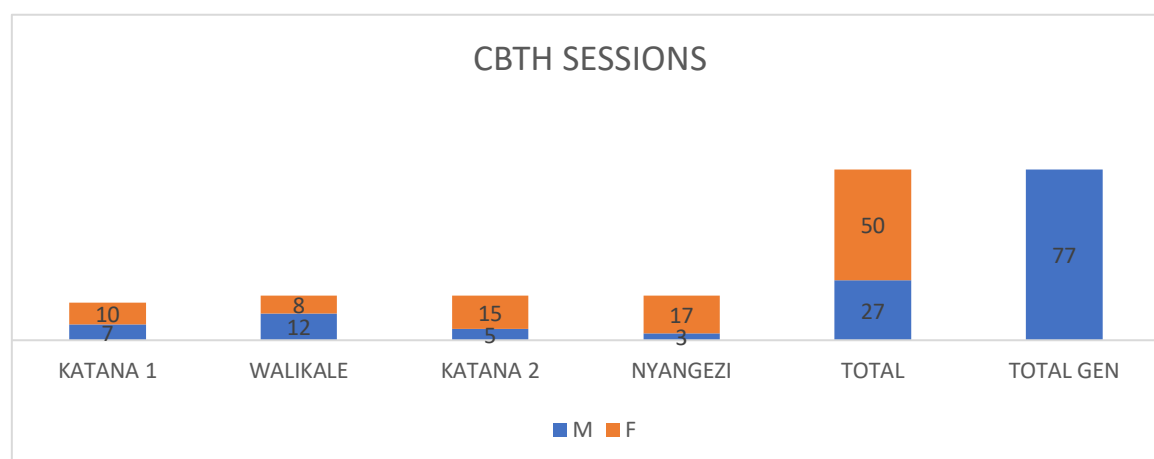
The number of ADRs organized in the various Health Zones is relatively proportional to the types of GBV identified in the zone. The South Kivu Health Zones generally record a high number of GBV cases and have more ADR (115 ADR) compared to the Health Zones of North Kivu, which generally record more SGBV cases (50 ADR).

IR.3.2 Increased access to Community Based Trauma Healing (CBTH) services - IE study by NORC

Number of trauma survivors and other members of the community participating in trauma healing activities

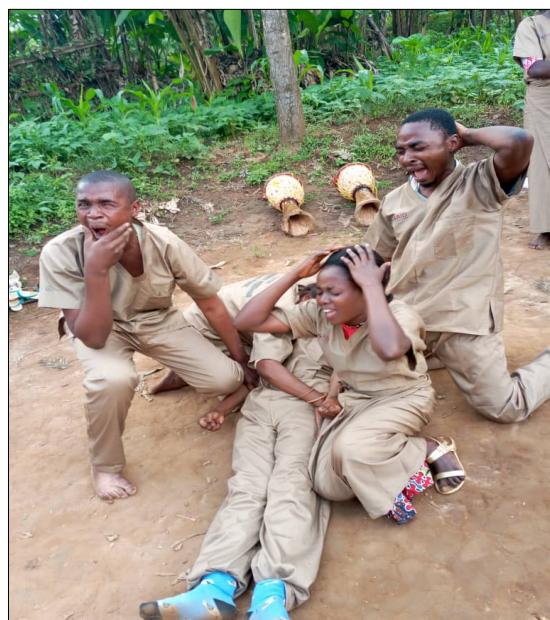
Number of 3-4 days trauma healing sessions organized

Figure 13: Number of CBTH Sessions by Health Zone



During this quarter, a total number of 1,531 people including 977 women and 554 men participated in CBTH group discussions in the three Health Zones targeted by the study. A total of 77 sessions were organized during the period (33% of the target). Internal work plans have been updated to ensure that the project catches up on targets within the next quarter.

Photo: SFCG. Session of participatory theater in Nyangezi



IR 3.3: Socio-economic reintegration services provided

Literacy approach and VSLAs are used to ensure the socio-economic reintegration of survivors of gender-based violence in the targeted communities.

Literacy training/Reflect (Regenerated Freirean Literacy through Empowering Community Techniques)

As of this quarter, 10 Reflect literacy circles are operational, or 100% of the target. In total, 260 students including 247 women and 13 men participated in the different circles as follows:

Table 14: Literacy Circles Y3/Q1

| No | ZS | Number of circles | Members | | | GBV Survivors attending Literacy Circles | | |
|--------------|-----------|-------------------|------------|------------|-----------|--|-----------|----------|
| | | | Total | F | M | Total | F | M |
| 01 | Karisimbi | 2 | 52 | 46 | 6 | 0 | 0 | 0 |
| 02 | Walikale | 2 | 41 | 41 | 0 | 0 | 0 | 0 |
| 03 | Bunyakiri | 2 | 48 | 47 | 1 | 15 | 15 | 0 |
| 04 | Nyangezi | 2 | 44 | 41 | 3 | 2 | 2 | 0 |
| 05 | Katana | 2 | 75 | 72 | 3 | 6 | 6 | 0 |
| TOTAL | | 10 | 260 | 247 | 13 | 23 | 23 | 0 |

It should be noted that among the 260 students 23 are survivors of GBV, or 8.8% of the total number of beneficiaries.

The participation of men in the circles remains low; however, we observe a slight increase compared to the previous quarter (11 men – in Y2/Q4).

The number of students who improved their skills will be calculated during the final evaluation organized at each end of the cycle (Cf. report Q2 - Q3 / Y2).

VSLA intervention

The tables below show the progress on VSLA activities in the 5 targeted Health Zones:

Table 15: Current situation of groups and members:

| VSLA Activity this reporting period/Oct. 19 - Dec. 19 | | | |
|--|--------------------|--------------|------------|
| Indicators | Targets/ Annual | Achievements | % Progress |
| No of current VSLAs | 344 | 632 | 184% |
| No of VSLAs initiated until Y2 | 344 | 608 | 177% |
| Total no of new VSLAs this reporting period/Q1-Y3 | 344 | 24 | 7% |
| No of current members in VSLAs | 8600 | 16932 | 197% |
| No of members in VSLAs until Y2 | 8600 | 16343 | 190% |
| Total no of new members this reporting period/Q1-Y3 | 8600 | 589 | 7% |
| No of SGBV survivors currently enrolled in VSLAs | 506 | 525 | 104% |
| No of SGBV survivors enrolled in VSLAs until Y2 | 405 | 508 | 125% |
| Total no of new SGBV survivors enrolled in VSLAs this reporting period | 506 | 23 | 5% |

During this quarter, 24 new VSLA groups were added, totaling 632 VSLAs recorded by the project. The total number of members for all VSLAs is 16,932, or 197% of the target (IR1)

589 members (441 women, 148 men) were registered during this period, among which 23 are survivors of GBV (22 women and 1 man).

Table 16: Total value of VSLAs initiated by the project this reporting period/Q1-Y3

| 1. Products of VSLAs initiated by the project | | | |
|---|-------------|-------------|---------------|
| | Heal Africa | Panzi F. | Total |
| No of current VSLAs | 120 | 224 | 344 |
| No. of VSLAs reporting this period | 101 | 218 | 320 |
| Nbre of shares purchased by members | 103 246 | 125831 | 229 077 |
| Net Value of shares (in USD) | \$68 911,00 | \$76 513 | \$ 145 424,11 |
| Value of shares in other forms (goods convertible to USD) | \$0,00 | \$ 268,00 | \$ 268,00 |
| Nbre of credits granted (from VSLA funds) | 1 152 | 2167 | 3 319 |
| Value of credits granted from VSLA funds | \$47 252,00 | \$67 468 | \$ 114 719,99 |
| Balance unpaid from loans by members | \$1 369 | \$1 577 | \$ 2 946,00 |
| Amount in USD from solidarity Basket funds to VSLA groups | \$4 456,75 | \$ 8 617,97 | \$ 13 074,72 |
| No. of members assisted by the solidarity fund | 410 | 966 | 1 376 |

This quarter, 320 VSLAs (93%), regularly reported data related to savings and credit activities. The total savings during the quarter was \$145,424.11; and the volume of credits is \$114,719.99, or 79% of the group savings.

Table 17: Total value of VSLAs self-created in targeted communities this reporting period/Q1Y3

| 2. Products of VSLAs Autogenerated in targeted communities | | | |
|--|-------------|-------------|---------------|
| | Heal Africa | Panzi F. | Total |
| No of current Autogenerated VSLAs | 49 | 239 | 288 |
| No. of VSLAs reporting this period | 41 | 202 | 243 |
| Nbre of shares purchased by members | 46565 | 125955 | 172 520 |
| Net Value of shares (in USD) | \$97 098 | \$83 562 | \$ 180 659,67 |
| Value of shares in other forms (goods convertible to USD) | \$ 26,00 | \$ 455,00 | \$ 481,00 |
| Nbre of credits granted (from VSLA funds) | 992 | 2230 | 3 222 |
| Value of credits granted from VSLA funds | \$14 795 | \$80 574 | \$ 95 369,04 |
| Balance unpaid from loans by members | \$1 072,00 | \$2 668 | \$ 3 740,43 |
| Amount in USD from solidarity Basket funds to VSLA groups | \$ 2 531,30 | \$ 9 366,65 | \$ 11 897,95 |
| No. of members assisted by the solidarity fund | 106 | 1127 | 1 233 |

During this quarter, out of a total of 288 self-created VSLAs, at least 243 VSLAs, or 84%, regularly reported data related to their savings and credit activities.; The total savings of self-created VSLAs during the quarter was \$180,659.67 against a volume of credits of \$95,369, or 53% of the group savings. These groups simply observed the great achievements of the VSLA groups created by the project and decided to mimic them. This is a huge achievement in sustainability of VSLAs.

We note a slightly higher savings amount in self-created VSLA's (\$180,659.67) compared to the VSLAs supported by the project (\$145,424.11). We also note a higher credit to savings ratio in these VSLA's. This indicates the need for capacity building on income generating activities targeting members of self-created VSLAs.

VI. Annexes.

Annex 1. PMP Table

Annex 2. Success stories.

Annex 3. EMMR

Annex 1. PMP Table: C-GBV Y3 PMP -Annual Target (October 2019- September 2020) edited by Dec.11.2019

| C-GBV Y3 PMP -Annual Target (October 2019- September 2020) edited by Dec.11.2019 | | | | | | | | | | |
|--|---|------------------------------------|-----------------------------------|------------------|------------------------|----------------------|--------|-------|------------------------------------|--|
| Indic # | Performance Indicator | Achievement for Y1 (Oct17 - Sep18) | Achievement for Y2 (Oct18_Sept19) | Annual Target Y3 | Quarterly target/ Q1Y3 | (Y3_Q1) Oct_Dec 2019 | | | | Cumulative achievements (Oct17_Dec 20) |
| | | | | | | Male | Female | Total | Achievement of quarterly target Y3 | |
| | GOAL: Strengthen Community-Based Prevention and Response to Sexual and Gender-Based Violence in Eastern Congo | | | | | | | | | |
| 1 | G1.1 Prevalence rate of GBV among women, men, and children in target geographic areas (NORC) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| | IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles | | | | | | | | | |
| | IR 1.1 GBV Community Organizational Capacity Strengthened | | | | | | | | | |
| 2 | ES.4-3 Number of USG-assisted organizations and/or service delivery systems that serve vulnerable persons strengthened | 505 | 287 | 640 | | | | 90 | | 882 |
| | Number of Noyau/CODESA groups | 86 | 0 | 86 | | | | 0 | | 86 |
| | Number of VSLA groups | 377 | 231 | 334 | | | | 24 | | 632 |
| | Number of Men groups | 0 | | 134 | | | | 66 | | 66 |
| | Number of youth club groups | 42 | 44 | 86 | | | | 0 | | 86 |
| 3 | ES.1-13 Number of parent teacher associations (PTAs) engaged in primary or secondary education supported with USG assistance | 0 | 12 | 72 | | | | 0 | | 12 |
| 4 | GNDR-8: Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations | 2 797 | 909 | 773 | | 4 | 1 | 5 | | 3711 |
| a | PTA members | 0 | 90 | 72 | | | | 0 | | 90 |
| b | Participatory Theater Club members | 0 | 32 | 92 | | | | 0 | | 32 |
| c | Journalists/Activists | 0 | 20 | 12 | | | | 0 | | 20 |
| d | Men's Engage participants | 0 | 76 | 44 | | | | 0 | | 76 |
| e | VSLA participants/committee members/leaders | 193 | 272 | 235 | | | | 0 | | 465 |
| f | Literacy REFLECT Teachers | 0 | 12 | 18 | | | | 0 | | 12 |
| g | Youth Club Leaders | 57 | 109 | 132 | | | | 0 | | 166 |
| h | Teacher/School Directors/Mentors | 120 | 0 | 168 | | | | 0 | | 120 |

| | | | | | | | | | | |
|----|--|---------|---------|--------|---------------|--------|--------|---------|--------|--------|
| 5 | PS.5.1-24 Number of service providers that receive training, technical assistance, or capacity building in TIP victim-centered and trauma-informed services. | 311 | 152 | 409 | | | | 0 | | 463 |
| a | Health Care providers | 116 | 36 | 172 | | | | 0 | | 152 |
| b | Psychosocial providers (CPT and refresher) | 98 | 0 | 68 | | | | 0 | | 98 |
| c | OPJ and other legal providers | 97 | 116 | 86 | | | | 0 | | 213 |
| | Other (| 2116 | 146 | 83 | | | | 0 | | 2262 |
| 6 | PS.5.3-15 Number of people trained in prevention of TIP | 98 | 0 | 773 | | | | 0 | | 98 |
| 7 | DR.6.1-2 Number of human rights defenders trained and supported (paralegals) | 116 | 116 | 86 | | 4 | 1 | 5 | | 237 |
| | IR 1.2 Community tolerance of GBV reduced | | | | | | | | | |
| 8 | Number of community members who gained tailored information on GBV prevention and response from the persons trained under GNDR-8 | 145 465 | 443 693 | 29408 | 7 352 | 46 798 | 60 599 | 107 397 | 1461% | 696555 |
| a | Number people sensitized by Noyau/CODESA members on GBV prevention and response | 145 465 | 443 693 | 1 720 | 430 | 39863 | 53666 | 93529 | 21751% | 682687 |
| b | Number people sensitized by VSLA+ members on GBV prevention and response | 0 | 0 | 8 600 | 2150 | 1438 | 1991 | 3429 | 159% | 3429 |
| c | Number of learners in secondary schools or equivalent non-school based settings sensitized on GBV- prevention by PTAs | 0 | 0 | 10 400 | 2600 | 5183 | 4638 | 9821 | 378% | 9821 |
| d | Number of learners in primary schools or equivalent non-school based settings sensitized on GBV- prevention by Youth Clubs | 0 | 0 | 5 400 | 1350 | 0 | 0 | 0 | 0% | 0 |
| e | Number people sensitized by Men's Engage members on GBV prevention and response | 0 | 0 | 3 288 | 822 | 314 | 304 | 618 | 75% | 618 |
| 9 | Number of LGBTI community members reached with GBV prevention and response awareness (e.g. in May, June, Nov.) | 0 | 27 | 100 | 25 | 0 | 0 | 0 | 0% | 27 |
| 10 | Number of C-GBV supported group members sensitized on LGBTI's related matters | 0 | 0 | 80 | 20 | 0 | 0 | 0 | 0% | 0 |
| 11 | GNDR-4 Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities | n/a | n/a | n/a | TBD by Survey | 0 | 0 | 0 | 0% | n/a |
| 12 | Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |
| | IR 2: Availability of community-level GBV-related services improved | | | | | | | | | |
| | IR 2.1: Increased provision of health, psychosocial, and legal services | | | | | | | | | |
| 13 | GNDR-6 Number of people reached by a USG funded intervention providing GBV services (health and psycho-social counseling.) | 3 135 | 5 244 | 5 621 | 1 405 | 212 | 1 039 | 1 251 | 89% | 9630 |
| a | People reached only with Health services | 1 265 | 1 682 | 3 372 | 843 | 20 | 381 | 401 | 48% | 3348 |
| b | People reached only with Psychosocial services | 2 974 | 4 992 | 5 508 | 1 377 | 189 | 942 | 1 131 | 82% | 9097 |
| c | People reached by more than one type of service | 1 568 | 2 426 | 2 586 | 647 | 74 | 491 | 565 | 87% | 4559 |
| 14 | DR.6.3-1 Number of individuals from low income or marginalized communities who received legal aid or victim's assistance with USG support - (desegregated by age, Gender, type of beneficiaries of GBV, and package of social services)- cfr GNDR 6 | 548 | 1 326 | 1 264 | 316 | 76 | 240 | 316 | 100% | 2190 |
| a | Number of people of Sexual cases receiving legal assistance | 169 | 263 | 224 | 56 | 0 | 56 | 56 | 100% | 488 |
| b | Number of people of other sexual cases receiving legal assistance | 379 | 1 063 | 1 040 | 260 | 70 | 190 | 260 | 107% | 1702 |
| c | Number of complaints were filed with the police | 72 | 127 | 208 | 52 | 7 | 45 | 52 | 85% | 251 |
| d | Number cases are currently undergoing investigation before the prosecutor office | 56 | 50 | 152 | 38 | 2 | 36 | 38 | 100% | 144 |
| e | Number of cases filed with the courts | 33 | 25 | 120 | 30 | 1 | 46 | 47 | 157% | 105 |
| f | Number of cases received judicial decisions/ judgement rendered | 7 | 33 | 60 | 15 | 0 | 16 | 16 | 107% | 56 |

| | | | | | | | | | | |
|--|--|------|--------|--------|---------------|------|-------|-------|------|-------|
| 15 | PS.1.5.3-18 The number of victims of TIP receiving services provided with USG assistance | 0 | 718 | 634 | 159 | 6 | 81 | 87 | 55% | 805 |
| a | TIP survivors reached only with Health services | 0 | 534 | | | 4 | 59 | 63 | | 597 |
| b | TIP survivors reached only with Psychosocial services | 0 | 657 | | | 5 | 76 | 81 | | 738 |
| c | TIP survivors reached with only formal legal services | 0 | 92 | | | 1 | 7 | 8 | | 100 |
| d | TIP survivors reached by more than one type of service | 0 | 508 | | | 3 | 55 | 58 | | 566 |
| 16 | Number of LGBTI survivors receiving services | 0 | 1 | 12 | 3 | 0 | 1 | 1 | 33% | 2 |
| a | LGBTI survivors reached only with Health services | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| b | LGBTI survivors reached only with Psychosocial services | 0 | 1 | 1 | | 0 | 1 | 1 | | 2 |
| c | LGBTI survivors reached only with formal legal services | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| d | LGBTI survivors reached by more than one type of service | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 |
| 17 | Number of new acceptors of Family planning methods | 0 | 0 | 49 191 | 12 298 | 19 | 5 964 | 5 983 | 49% | 5983 |
| IR 2.2: Improved quality of health, psychosocial, and legal services | | | | | | | | | | |
| 18 | Number of survivors of rape received for medical care within 72 hours | 523 | 958 | 1 214 | 304 | 11 | 229 | 240 | 79% | 1721 |
| 19 | Percentage of rape survivors received for medical care within 72 hours who receive a PEP kit | 99% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 298% |
| 20 | HL.7.2-2 :Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals and/or services during the year | 40 | 38 | 168 | | 0 | 0 | 0 | 0% | 78 |
| 21 | HL.7.1-2 Percent of USG-assisted service delivery sites providing family planning counseling and/or services | 100% | 100% | 100% | 100% | | | 91% | 91% | 86 |
| IR 2.3: Reduced barriers of access to health, psychosocial, and legal services: | | | | | | | | | | |
| 22 | Percentage of target population reporting increased awareness of how to access GBV-related community services - Original indicator | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |
| 23 | Percentage of target population reporting disagreement with identified barriers to accessing GBV-related community services -Original indicator | n/a | n/a | n/a | TBD by Survey | n/a | n/a | n/a | n/a | n/a |
| IR 3: Perceptions of stigma surrounding reintegrated survivors reduced | | | | | | | | | | |
| IR 3.1: Alternative Conflict Resolution (ADR) mechanisms piloted | | | | | | | | | | |
| 24 | Number of Cases (GBV and other) registered for ADR facilitation by a lawyer or paralegal | 187 | 856 | 535 | 134 | 21 | 167 | 188 | 141% | 1231 |
| | Number of GBV cases registered for ADR | 137 | 605 | | | 0 | 173 | 173 | | 915 |
| | Number of non-GBV cases registered for ADR | 50 | 251 | ? | | 0 | 15 | 15 | | 316 |
| 25 | Number of GBV-related disputes resolved through ADR | 109 | 352 | 401 | 100 | 0 | 197 | 197 | 197% | 658 |
| IR.3.2 Increased access to Community Based Trauma healing (CBTH) services - IE study by NORC | | | | | | | | | | |
| 26 | Number of trauma survivors and other members of the community participating in trauma healing activities | 0 | 10 349 | 22 400 | 3 013 | 554 | 977 | 1 531 | 51% | 11880 |
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| IR 3.3: Socio-economic reintegration services provided | | | | | | | | | | |
| 28 | Number of people enrolled in literacy circles | 0 | 275 | 300 | 300 | 11 | 265 | 276 | 92% | 551 |
| 29 | ES.2-47 Percentage of individuals with improved reading skills following participation in USG assisted programs | 0 | 76% | 90% | 90% | 0% | 0% | 0% | 0% | 76% |
| 30 | Number of GBV survivors participating in VSLA | 395 | 113 | 506 | | 0 | 23 | 23 | | 531 |
| 31 | GNDR-2 Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)/VSLA | 75% | 70% | 80% | 80% | 0% | 100% | 75% | 94% | 78% |

Annex 2: Success Stories

MOBILE COURT IN WALIKALE

Access to justice remains a great challenge for the people of Walikale. Being more than 250 km away from where the courts are located in Goma, Walikale is not easily accessible. The accessibility issues prevent the people of this territory from easily accessing justice. Walikale Central Prison is overcrowded and detainees there are "voluntarily" due to inadequate infrastructure which easily facilitates escape.



Thanks to USAID funding, the TUSHINDE project supported the Goma “Tribunal de Grande Instance” in organizing a mobile court in Walikale territory.



26 cases were enrolled during the mobile court. Among these, 19 were rape cases and 7 were other offenses. Because of the difficulties linked to the accessibility of Walikale territory and the poor conditions of imprisonment, there were 13 escapees and 2 deaths among these cases. Of the 13 escapees, 9 were convicted of rape; one deceased individual was convicted of rape as well.

All 19 victims were present at the hearings, accompanied by their parents and witnesses. These victims were disguised for their protection and safety.



Highlights of project successes



Mobile court hearing in Walikale center



Bread oven built with VSLA savings - Nyangezi Health Zone



16 Days of Activism Against Gender-Based Violence campaign in Katana Health Zone Annex 3. EMMR



Participatory theatre support reintegration of Survivors of GBV in Nyangezi and Katana and Nyangezi Health Zones

Annex 3. ENVIRONMENTAL MITIGATION AND MONITORING REPORT (EMMR) PROJECT/ACTIVITY DATA

| | |
|--|---------------------------------------|
| Project/Activity Name: | Counter Gender-Based Violence Program |
| Geographic Location(s): (Country/Region): | Democratic Republic of Congo |
| Implementation Start/End Date: | November 14, 2017 – November 2, 2022 |

| | |
|---|--|
| Contract/Award Number: | CA No. 72066018CA00001 |
| Implementing Partner(s): | IMA World Health |
| Tracking ID: | |
| Tracking ID/link of Related EMMP: | |
| Tracking ID/link of Related IEE: | DRC Gender Based Violence GBV Activity IEE: https://ecd.usaid.gov/repository/pdf/50094.pdf |
| Tracking ID/link of Other, Related Analyses: | |

ORGANIZATIONAL/ADMINISTRATIVE DATA

| | |
|--|---------------------------------|
| Implementing Operating Unit(s): (e.g. Mission or Bureau or Office) | USAID Mission DRC |
| Lead BEO Bureau: | Brian Hirsth |
| Prepared by: | IMA World Health |
| Date Prepared: | 12-20-17 (rev. 10-30-19) |
| Submitted by: | IMA World Health |
| Date Submitted: | February 7 th , 2020 |

ENVIRONMENTAL COMPLIANCE REVIEW DATA

| | |
|---|------|
| Analysis Type: | EMMR |
| Additional Analyses/Reporting Required | |

PURPOSE

Environmental Mitigation and Monitoring Report (EMMRs) are required for USAID-funded projects when the 22CFR216 documentation governing the project impose conditions on at least one project/activity component. EMMRs ensure that the ADS 204 requirements for reporting on environmental compliance are met. EMMRs are used to report on the status of mitigation and monitoring efforts in accordance with IEE requirements over the preceding project implementation period. They are typically provided annually, but the frequency will be stipulated in the IEE. Responsibility for developing the EMMRs lies with USAID, but EMMRs are usually prepared by the Implementing Partner (IP) and submitted to USAID.

SCOPE

The following Environmental Mitigation and Monitoring Reports (EMMRs) documents the mitigation measures implemented as detailed in the project EMMP, challenges encountered, and corrective actions taken. It describes the status of each required mitigation measure as stipulated in the EMMPR and provides a succinct update on progress regarding the implementation and monitoring of the EMMP.

This EMMR includes the following:

1. Narrative description of the EMMP implementation and monitoring system, any updates to the system, any staff or beneficiary trainings conducted on environmental compliance, lessons learned, and other environmental compliance reporting details.
2. EMMR table summarizing the status of mitigation measures, any outstanding issues relating to required conditions, and general remarks.

USAID REVIEW OF EMMR

[The routing process and associated signature blocks may be customized by Bureau or Mission. Please follow Bureau- or Mission-specific guidance. Include signature blocks in accordance with Bureau and/or Mission policy. At a minimum include the noted required signatures. Add other signatures as necessary.]

Approval:

Louise Nzigire, Activity Manager/A/COR [required]

Date

Clearance:

Diane Mbanzidi, Mission Environmental Officer [as appropriate]

Date

DISTRIBUTION: A/COR, MEO

1.0 PROJECT/ACTIVITY SUMMARY

The USAID Counter Gender-Based Violence (CGBV, or “Tushinde Ujeuri” in Swahili) Program is a comprehensive program to help communities respond to and prevent gender-based violence in the Democratic Republic of Congo (DRC).

The overarching project goals of the *Tushinde Ujeuri* program are to strengthen community-based prevention of and response to gender-based violence (GBV), effectively reduce GBV incidence and improve the quality of and access to holistic care for survivors, particularly among vulnerable groups.

The *Tushinde Ujeuri* program is implemented in five Health Zones (HZs) in the North and South Kivu Provinces of the DRC. Community-based services in North Kivu Province (two HZs) are implemented by Heal Africa, while Panzi Foundation is implementing the services in South Kivu Province (three HZs).

SECTION 3: POTENTIAL ENVIRONMENTAL IMPACTS & RECOMMENDED DETERMINATIONS, INCLUDING CONDITIONS

1.0.PROJECT/ACTIVITY SUMMARY

The below table summarizes the IEE, modified to circumstances with respect to environmental mitigation and monitoring activities specific o the CGBV/Tushinde Project. Please note there are no updates since Q1 FY19. IMA attended the environmental risk mitigation training led by USAID in May 2019 and will adjust programming at the start of FY20.

| Activity | Potential Env. Impact | Recommended Determination and Conditions |
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| 1. IR1 Community tolerance of GBV by dissemination of positive gender roles for men, women, boys and girls reduced | | |
| 1.1 - Mass media campaigns 1.2 Television interview 1.3 Focus group discussion 1.4 Community forums (religious, political, community events) 1.5 Gender age-specific 1.6. Drama/theater 1.7 Training for facilitation of community and group-level dialogue. | These activities are not anticipated to have any adverse impacts on the physical and biological environment. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i) Education, technical assistance, or training programs. |
| IR2. Community delivery of GBV-related services increased | | |

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| 1.8 Awareness campaigns 1.9 Training on intake and identification procedure 1.10 Service accountability 1.11 Documentation 1.12 Referral; including referral TIP specific services. 1.13 Family planning 1.14 Counselling and legal advice | These activities are not anticipated to have any adverse impacts on the physical and biological environment. Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i)(v) Education, technical assistance, document and information transfer or training programs. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i)(v) Education, technical assistance, document and information transfer or training programs. |
| 1.15 Medical training | While medical training itself does not introduce negative environmental impacts, the occupations or activity that are promoted could negatively impact the environment (i.e., Hazardous waste; manipulation of blood, etc.) | Negative Determination is recommended pursuant to 22 CFR 216.3(a)(2) (iii) Medical training is best supported by associated training in environmental management of medical activities, including Health waste management best practices as per <u>USAID sectoral best practices</u> |
| 1.16 Furnish PEP KIT | While furnishing PEP Kit itself does not introduce negative environmental impacts, the occupations or activities that are promoted could negatively impact the environment (i.e., Hazardous waste; manipulation of blood, etc.) | Negative Determination is recommended pursuant to 22 CFR 216.3(a)(2) (iii) Furnishing PEP Kit is best supported by associated training in environmental management of medical activities, including Health waste management. See <u>USAID sectoral Health care waste Management best practices</u> |
| IR3. Perceptions of stigma surrounding reintegrated survivors reduced. | | |

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| 1.17 Training in Alternate Dispute Resolution techniques and benefits | These activities are not anticipated to have any adverse impacts on the physical and biological environment. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i) Education, technical assistance, or training programs. |
| 1.18 Connection to Formal legal system | These activities are not anticipated to have any adverse impacts on the physical and biological environment. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i) Education, technical assistance, or training programs. |
| 1.19 VLSA, literacy and numeracy circles | These activities are not anticipated to have any adverse impacts on the physical and biological environment. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i)(v) Education, technical assistance, or training programs, Document and information transfers |
| 1.20 Leadership training | These activities are not anticipated to have any adverse impacts on the physical and biological environment. | Categorical Exclusion is recommended per 22 CFR 216.2(c)(2)(i) Education, technical assistance, or training programs. |

2.0.MONITORING AND REPORTING FOR ENVIRONMENTAL COMPLIANCE

- The World Health Organization healthcare waste management minimum checklist and action plan is included in training materials and programs : https://www.who.int/water_sanitation_health/medicalwaste/en/...;
- Disposal and treatment methods suitable for different categories of healthcare waste is included in training
- Systematic IEE routine assessment is conducted by CGBV medical field officers on an annual basis within the 86 supported sites; but ongoing IEE monitoring is conducted on a quarterly basis during joint supervisions with the MoH.

3.0 EMMR TABLE FOR CGBV

Nov 2017 – Sep 2019

| Project/Activity/Sub-Activity | Recommended Mitigation measures. | Status of Mitigation Measures | Outstanding Issues Relating to Required Conditions | Remark |
|-------------------------------|--|--|--|--|
| Staff Medical Training | <p>Medical training is best supported by associated training in environmental management of medical activities, including Health waste management best practices as per USAID sectoral best practices.</p> <p>Training materials and messages will refer to appropriate disposal of medicinal products as per WHO standards and to adequate measures to reduce medical waste. IMA has planned initial (new Health Zones) and refresher (former Health Zones) training in the essential practices of waste management for health care personnel involved in project activities (use of PEP kits and Family Planning</p> | In collaboration with the North Kivu Provincial Division of Pharmacy, a total of 86 medical staff (nurses, midwives and doctors), have been trained on clinical management of survivors of rape, and medical waste management through adequate destruction of materials when they are expired and appropriate handling of PEP kits bags. | <p>It is difficult to do patient-level follow-up to ensure survivors handle the PEP kit plastic bags appropriately. With respect to family planning commodities, integration of family planning in community-based interventions was limited to FY18 Q4, piloted within Karisimbi Health Zone only. The activity therefore reached only 50% of its target for number of community health workers trained</p> | Refresher training of medical staff and community health workers - is planned by April-June 2020 |

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| | commodities) and any other environmental related risk related to the activities in this project. | | | |
| Furnish PEP Kits | <p>Furnishing PEP Kits is best supported by associated training with the environmental management of medical activities, including management of dry and wet medical waste products.</p> <p>Health Care distributors of the Kits will be sensitized on the environmental related risk like health waste generation.</p> <p>Containers for biohazard and waste products will be supplied by collaborative partners (PROSANI) in South Kivu Province and Global Fund SR Recipient, IMA-SANRU, in North Kivu Province</p> | In collaboration with the Provincial Pharmacy Division, a total of 86 medical staff (nurses, midwives and doctors), have been trained on clinical management of survivors of rape, and medical waste management through adequate destruction of materials when they are expired and appropriate handling of PEP kits bags. | CGBV / Tushinde project does not have enough funds for on-site destruction of expired drugs and plastic bags. | The CGBV / Tushinde Ujeuri project will explore the possibility of supporting transportation of unusable drugs from Health Zones to the Provincial Division of Health, which handles the destruction of expired medicines and other commodities. – continued activity on semi- annual |
| Furnish Family Planning Commodities | Furnishing Family Planning Commodities is best supported by associated training with the environmental management | Training in environmental management for medical staff involved in family planning activities was provided. Module focused on disposal of waste, | Note that with respect to family planning commodities, integration of family planning in community-based | Family planning provision will be extended to 3 Health Zones of South Kivu (Katana, Bunyaviral and Nyangezi), will be involved in |

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| | <p>of medical activities, including management of dry and wet medical waste products.</p> <p>Health Care distributors of the commodities will be sensitized on the environmental related risk like health waste generation. Containers for biohazard and waste products will be supplied by collaborative partners (PROSANI) in South Kivu Province and Global Fund SR Recipient, IMA-SANRU, in North Kivu Province</p> | <p>aligning with WHO standards for management of all medical-related wastes, including related to family planning provision</p> <p>Number Staff Trained: 86</p> | <p>interventions was limited to FY18 Q4, piloted within Karisimbi Health Zone only. The activity therefore reached only 50% of its target for number of community health workers trained.</p> | <p>management of commodities provided by USAID-Global health activity during the quarterly of April to June 2020.</p> |
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